


FILE NOW: FILING FEE IS \$61.25

FILED
Jan 22 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # 711852 (4)
 1. Corporation Name
THE WOMAN'S CLUB OF WINTER PARK, INC.



| | | | |
|---|---------------------|---|---------|
| Principal Place of Business | | Mailing Address | |
| 419 S INTERLACHEN WINTER PARK FL 32789 US | | PO BOX 1433 WINTER PARK FL 32790 US | |
| 2. Principal Place of Business | 2a. Mailing Address | | |
| 21 | 26 | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| 22 | 27 | | |
| City & State | | City & State | |
| 23 | 28 | | |
| Zip | Country | Zip | Country |
| 24 | 25 | 29 | 30 |

3. Date Incorporated or Qualified
11/29/1966

4. FEI Number
59-0951590

| | |
|----------------|--|
| Applied For | |
| Not Applicable | |

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

WALKER, WILLIAM A., II
250 PARK AVENUE S.
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|--------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | WILLIARD, BARBARA | |
| STREET ADDRESS | 100 S. INTERLACHEN, #501 | |
| CITY - ST - ZIP | WINTER PARK FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | MAGEE, MOLLY | |
| STREET ADDRESS | 4764 SHORECREST DR. | |
| CITY - ST - ZIP | ORLANDO FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | BAKER, SALLY | |
| STREET ADDRESS | 1718 DEMETREE DR. | |
| CITY - ST - ZIP | WINTER PARK FL | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | MILLER, HELEN | |
| STREET ADDRESS | 624 WORTHINGTON DR. | |
| CITY - ST - ZIP | WINTER PARK FL | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | MILLS, FRANCES H | |
| STREET ADDRESS | 101 KRIDER RD | |
| CITY - ST - ZIP | SANFORD FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY - ST - ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Frances H. Mills 1/18/98 407/246-6032

CR2E037 (10/97)