NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 711852

THE WOMAN'S CLUB OF WINTER PARK, INC.

Principal Place of Business 419 S INTERLACHEN WINTER PARK FL 32789

Mailing Address

PO BOX 1433 WINTER PARK FL 32790

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90144 039 ****61.25

9₉₈₆81 · 9⁶014⁸ · 39 1 *

| 2. Principal Pl | ce of Business , 2a. Mailing Address | | | | | | rporated or Qualifed | 1 | | | |
|---|--|-------------------------------------|----------------------|--|--------------------------------|---|-----------------------|---------------|--------------------|------------|--|
| 21 | | 26 | | | | 11/29/1 | | | <u> </u> | <u></u> | |
| Suite, Apt. | . #, etc. Suite, Apt. #, etc. | | | | | 4. FEI Number 59-0951590 | | | <u> </u> | olied For | |
| 22 | 27 | | | | | 38 033 | 1090 | | | Applicable | |
| City & State | tate City & State | | | | | 5. Certificate of Status Desired \$8.75 Additional Fee Required | | | | | |
| Zip | Country | Zip Cou | | | 6. Election Campaign Financing | | | | \$5.00 | May Be | |
| 24 | 25 29 30 | | | | | Trust Fun | d Contribution | | Added to | Fees | |
| Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | | | | | |
| | | | | 81 Name | | | | | | | |
| WALKER, WILLIAM A., II | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | | | |
| 250 PARK AVENUE S. | | | | and the same of th | | | | | | | |
| WINTER PARK FL 32789 | | | | 83 | | | | | | | |
| WHATER I WHATE OF 100 | | | | 84 City 85 Zip Code | | | | | | | |
| | | | | 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE | | | | | | | | | | | |
| 12. | OFFICERS AND DIRECTORS . | | | 13. | | | S/CHANGES TO O | FFICERS A | AND DIRECTO | R\$ IN 12 | |
| TITLE | P | DELETE | 1.1 TITLE | | P | , _ | 1 | | ☐ Change | Addition | |
| NAME | WILLIARD, BARBARA | * 1 | 1.2 NAME | | ĬΥ | vine, E | leanor, | 711 | 1110 | - | |
| STREET ADDRESS | 100 S. INTERLACHEN, #501 | | 1.3 STREET ADDRESS 3 | | 31 | IL F.M | orse, Blud | , BK4. | . 6 # 8 <u>_</u> | - 000 | |
| CITY-ST-ZIP | WINTER PARK FL | | | | | inter | Park F | :L 0, | 328 93 | 21/84 | |
| TITLE | VD | ☐ DELETE | 2.1 TITLE | | | ,, = | | | Change | ☐ Addition | |
| NAME | MAGEE, MOLLY | | 2.2 NAME | 1 | | | | | | | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | | | - | - | - | 4 | | |
| CITY-ST-ZIP | | | | T-ZIP | | | | | | | |
| TITLE | VD | ☐ DELETE | 3.1 TITLE | | | | | | Change | ☐ Addition | |
| NAME | BAKER, SALLY | | 3.2 NAME | | | | | • | | j | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | | | | | | | |
| CITY-ST-ZIP | | | 3.4. CITY-ST-ZIP | | | | | | | | |
| TITLE | S | ☐ DELETE | 4.1 TITLE | | | | | | ☐ Change | ☐ Addition | |
| NAME | T | | 4. 2 NAME | | | | | | | | |
| STREET ADDRESS | 624 WORTHINGTON DR. | | | 4.3 STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | WINTER PARK FL | | 4.4 CITY-S | T. 7IP | | | | | | | |
| TITLE | TD DELETE | | 5.1 TITLE | | | | | | Change | ☐ Addition | |
| NAME | | | 5.2 NAME | | | | | | | 1 | |
| STREET ADDRESS | 101 KRIDER RD | | 5.3 STREET | ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | | T-ZIP | | | | | | | |
| TITLE | | | 6.1 TITLE | 6.1 TITLE | | | | | Change | ☐ Addition | |
| NAME | | | 6.2 NAME | | | | | | | | |
| STREET ADDRESS | 63.5 | | 6.3 STREET | ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | 6.4 CITY-S | T-ZIP | | | | | | | |
| | certify that the information supplied with | this filing does not qualify for th | | | in Se | ction 119.07(3) | (i). Florida Statutes | . I further c | ertify that the in | formation | |

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, with all other like empowered.