

3)

DOCUMENT # 711852

1. Entity Name
THE WOMAN'S CLUB OF WINTER PARK, INC.

Principal Place of Business 419 S INTERLACHEN WINTER PARK FL 32789 US	Mailing Address PO BOX 1433 WINTER PARK FL 32790-1433 US
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

FILED

00 FEB 21 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-0951590** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent WALKER, WILLIAM A.; II 250 PARK AVENUE S. WINTER PARK FL 32789	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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

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

FILE NOW: FEE IS \$61.25 **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P IRVINE, ELEANOR 311 E. MORSE BLVD, BLDG 6 #8 WINTER PARK FL 32789 <input type="checkbox"/> Delete D	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MAGEE, MOLLY 4784 SHORECREST DR. ORLANDO FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1st VP Barbara Thomas 1648 Barcelona Way Winter Park, FL 32789 <input type="checkbox"/> Change <input checked="" type="checkbox"/> D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BAKER, SALLY 1718 DEMETREE DR. WINTER PARK FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Second VP Dorothy E. Collins 1602 Alabama Dr. #105 Winter Park, FL 32789 <input type="checkbox"/> Change <input checked="" type="checkbox"/> D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MILLER, HELEN 624 WORTHINGTON DR. WINTER PARK FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Carol Card 1645 Berkshire Ave. Winter Park, FL 32789 <input type="checkbox"/> Change <input checked="" type="checkbox"/> D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MILLS, FRANCES H 101 KRIDER RD SANFORD FL <input type="checkbox"/> Delete D	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> D Business Address for each is P.O. Box 1433 Winter Park, FL 32790
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>

12. 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 report or supplemental 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 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Frances H. Mills **1/4/00** 407/246-603

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #