FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR 15 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 711882 (1)

1. Corporation Name
FROSTPROOF WOMAN'S CLUB, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
330 EAST "B" ST P.O. BOX 643 FROSTPROOF FL 33843	330 EAST "B" ST P.O. BOX 643 FROSTPROOF FL 33843 US

3. Date Incorporated or Qualified: 12/01/1966
3a. Date of Last Report: 05/12/1994
4. FEI Number: 59-1779249 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

HARMON MARJORIE
8 HGTS AVENUE
POST OFFICE BOX 144
FROSTPROOF FL 33843

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Marjorie Harmon — 2-21-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	HARDY, LOIS	1.2 NAME	DICKINSON, ANN
STREET ADDRESS	21 FT CLINCH HIGHTS RD.	1.3 STREET ADDRESS	PO BOX 425 – 20 HEIGHTS AVE NA
CITY-ST-ZIP	FROSTPROOF FL	1.4 CITY-ST-ZIP	FROSTPROOF, FLA. 33843
TITLE	VD	2.1 TITLE	VD ☒ Change ☐ Addition
NAME	DICKINSO, ANNE	2.2 NAME	SANGSTER, MAXINE
STREET ADDRESS	P.O. BOX 425 N/A /20 HGTS AVENUE	2.3 STREET ADDRESS	1204 S. SCENIC HWY
CITY-ST-ZIP	FROSTPROOF FL	2.4 CITY-ST-ZIP	FROSTPROOF, FLA. 33843
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	SANGSTER, MAXINE	3.2 NAME	
STREET ADDRESS	1204 S SCENIC HWY	3.3 STREET ADDRESS	
CITY-ST-ZIP	FROSTPROOF FL	3.4 CITY-ST-ZIP	
TITLE	RC	4.1 TITLE	☐ Change ☐ Addition
NAME	WOODLEY, DANA	4.2 NAME	RC WOODLEY, DANA
STREET ADDRESS	1501 N. SCENIC HWY.	4.3 STREET ADDRESS	1501 N. SCENIC HWY.
CITY-ST-ZIP	FROSTPROOF FL	4.4 CITY-ST-ZIP	FROSTPROOF, FLA. 33843
TITLE	CS	5.1 TITLE	☐ Change ☐ Addition
NAME	NICHOLS, MARGARET	5.2 NAME	CS NICHOLS, MARGARET
STREET ADDRESS	P. O. BOX 1097	5.3 STREET ADDRESS	PO BOX 1097 NA
CITY-ST-ZIP	FROSTPROOF FL	5.4 CITY-ST-ZIP	FROSTPROOF, FLA. 33843
TITLE	T	6.1 TITLE	☐ Change ☐ Addition
NAME	LORD, MARTHA	6.2 NAME	LORD, MARTHA
STREET ADDRESS	P.O. BOX 164 N/A / 24TH EAST 8TH STREET	6.3 STREET ADDRESS	PO BOX 164 – 24 E 8TH ST NA
CITY-ST-ZIP	FROSTPROOF FL	6.4 CITY-ST-ZIP	FROSTPROOF, FLA 33843

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: LORD, MARTHA L. Martha L. Lord 2-21-95 813635-4125
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0097810