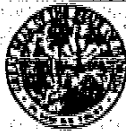


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/01/1966

3a. Date of Last Report
05/12/1994

4. FBI 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 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

29 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-21-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	HARDY, LOIS
STREET ADDRESS	21 FT CLINCH HIGHTS RD.
CITY-ST-ZIP	FROSTPROOF FL
TITLE	VD
NAME	DICKINSON, ANNE
STREET ADDRESS	P.O. BOX 425 N/A /20 HGTS AVENUE
CITY-ST-ZIP	FROSTPROOF FL
TITLE	VD
NAME	SANGSTER, MAXINE
STREET ADDRESS	1204 S SCENIC HWY
CITY-ST-ZIP	FROSTPROOF FL
TITLE	RC
NAME	WOODLEY, DANA
STREET ADDRESS	1501 N. SCENIC HWY.
CITY-ST-ZIP	FROSTPROOF FL
TITLE	CS
NAME	NICHOLS, MARGARET
STREET ADDRESS	P. O. BOX 1097
CITY-ST-ZIP	FROSTPROOF FL
TITLE	T
NAME	LORD, MARTHA
STREET ADDRESS	P.O. BOX 164 N/A / 24TH EAST 8TH STREET
CITY-ST-ZIP	FROSTPROOF FL

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	DICKINSON, ANN	
1.3 STREET ADDRESS	PO BOX 425 - 20 HIGHTS AVENUE	
1.4 CITY-ST-ZIP	FROSTPROOF, FLA. 33843	
2.1 TITLE	VD	☒ Change ☐ Addition
2.2 NAME	SANGSTER, MAXINE	
2.3 STREET ADDRESS	1204 S. SCENIC HWY	
2.4 CITY-ST-ZIP	FROSTPROOF, FLA. 33843	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	RC	☐ Change ☐ Addition
4.2 NAME	WOODLEY, DANA	
4.3 STREET ADDRESS	1501 N. SCENIC HWY.	
4.4 CITY-ST-ZIP	FROSTPROOF, FLA. 33843	
5.1 TITLE	CS	☐ Change ☐ Addition
5.2 NAME	NICHOLS, MARGARET	
5.3 STREET ADDRESS	PO BOX 1097	
5.4 CITY-ST-ZIP	FROSTPROOF, FLA. 33843	
6.1 TITLE	T	☐ Change ☐ Addition
6.2 NAME	LORD, MARTHA	
6.3 STREET ADDRESS	PO BOX 164 - 24 E 8TH ST	
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)(k), 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 A. L. *Martha L. Lord* 2-21-95 813635-4125

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #