

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 31 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # 711882 (1)
1. Corporation Name
FROSTPROOF WOMAN'S CLUB, INC.Principal Place of Business
330 EAST "B" ST
PO BOX 443
FROSTPROOF FL 33843
330 E "B" ST
PO BOX 458
FROSTPROOF, FL 33843
Mailing Address
330 EAST "B" ST
P.O. BOX 443
FROSTPROOF FL 33843-06433. Date Incorporated or Qualified
12/01/1966
3a. Date of Last Report
02/29/19962. Principal Place of Business
21 330 E. "B" ST.
Suite, Apt. #, etc.
22 P.O. BOX 458
City & State
23 FROSTPROOF, Fla.
Zip
24 33843
Country
25 POLK
2a. Mailing Address
26 330 EAST "B" ST
Suite, Apt. #, etc.
27 P.O. BOX 458
City & State
28 FROSTPROOF, Fla.
Zip
29 33843
Country
30 POLK4. FEI Number
59-1779249
Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

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 3384381 Name
DICKINSON, ANNE W.
82 Street Address (P.O. Box Number is Not Acceptable)
P.O. BOX 458
83
84 City
FROSTPROOF
FL
85 Zip Code
33843

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 *Anne W. Dickinson*

3/25/97

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	VD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANGSTER, MAXINE			1.2 NAME	GREENWOOD, WILMA		
STREET ADDRESS	1204 S. SCENIC HWY.			1.3 STREET ADDRESS	MARMBAUSTER COURT		
CITY-ST-ZIP	FROSTPROOF FL			1.4 CITY-ST-ZIP	FROSTPROOF, Fla. 33843		
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DICKINSON, ANN			2.2 NAME	ANNE W. DICKINSON		
STREET ADDRESS	P.O. BOX 425 N/A /20 HGTS AVENUE			2.3 STREET ADDRESS	P.O. BOX 425 N/A 20 HGTS AVE		
CITY-ST-ZIP	FROSTPROOF FL			2.4 CITY-ST-ZIP	FROSTPROOF, Fla. 33843		
TITLE	VD	<input type="checkbox"/> DELETE		3.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANGSTER, MAXINE			3.2 NAME	SANGSTER, MAXINE		
STREET ADDRESS	1204 S SCENIC HWY			3.3 STREET ADDRESS	1204 S. SCENIC HWY		
CITY-ST-ZIP	FROSTPROOF FL			3.4 CITY-ST-ZIP	FROSTPROOF, Fla. 33843		
TITLE	RC	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	RC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOODLEY, DANA			4.2 NAME	BACKUS, LOIS		
STREET ADDRESS	1501 N. SCENIC HWY.			4.3 STREET ADDRESS	P.O. BOX 162 133 W. "F" ST.		
CITY-ST-ZIP	FROSTPROOF FL			4.4 CITY-ST-ZIP	FROSTPROOF, Fla. 33843		
TITLE	CS	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	CS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COTTON, MARY			5.2 NAME	ELLIS KATHLEEN		
STREET ADDRESS	235 SUNSET RD			5.3 STREET ADDRESS	580 CITRUS DRIVE		
CITY-ST-ZIP	FROSTPROOF FL			5.4 CITY-ST-ZIP	FROSTPROOF, Fla. 33843		
TITLE	T	<input type="checkbox"/> DELETE		6.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> 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	24 E 8TH ST.		
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 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: *MARTHA LORD* 941 635-4125
3-10-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0053667

CR2E037 (9/96)