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Feb 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **711882** (1)

1. Corporation Name

**FROSTPROOF WOMAN'S CLUB, INC.**

Principal Place of Business

Mailing Address

330 E "B" ST  
P.O. BOX 458  
FROSTPROOF FL 33843  
US

330 EAST "B" ST  
P.O. BOX 458  
FROSTPROOF FL 33843  
US

3. Date Incorporated or Qualified

**12/01/1966**

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 **FROSTPROOF WOMAN'S CLUB**

26 **FROSTPROOF WOMAN'S CLUB**

Suite, Apt. #, etc. **PO BOX 458**

Suite, Apt. #, etc. **PO BOX 458-330 E B ST**

22 **330 E "B" STREET**

27 **PO BOX 458-330 E B ST**

City & State

City & State

23 **FROSTPROOF FLA.**

28 **FROSTPROOF FLA.**

Zip

Country

Zip

Country

24 **33843**

25 **POB 15**

29 **33843**

30 **POB 15**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DICKINSON, ANNE W**  
**P.O. BOX 458**  
**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 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**

**1-31-98**

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** ☐ DELETE

NAME **GREENWOOD, WILMA**  
STREET ADDRESS **19 ARMBRUSTER COURT**  
CITY-ST-ZIP **FROSTPROOF FL**

TITLE **PD** ☐ DELETE

NAME **DICKERSON, ANNE W**  
STREET ADDRESS **P.O. BOX 425 N/A /20 HGTS AVENUE**  
CITY-ST-ZIP **FROSTPROOF FL**

TITLE **VD** ☐ DELETE

NAME **SANGSTER, MAXINE**  
STREET ADDRESS **1204 S SCENIC HWY**  
CITY-ST-ZIP **FROSTPROOF FL**

TITLE **RC** ☐ DELETE

NAME **BACKUS, LOIS**  
STREET ADDRESS **P.O. BOX 162 133 W "F" ST**  
CITY-ST-ZIP **FROSTPROOF FL**

TITLE **CS** ☐ DELETE

NAME **ELLIS, KATHLEEN**  
STREET ADDRESS **580 CITRUS DRIVE**  
CITY-ST-ZIP **FROSTPROOF FL**

TITLE **T** ☐ DELETE

NAME **LORD, MARTHA**  
STREET ADDRESS **24 E 8TH ST**  
CITY-ST-ZIP **FROSTPROOF FL**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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14. 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 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 L. LORD**

**1-31-98**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/97)