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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 711882

1. Corporation Name

FROSTPROOF WOMAN'S CLUB, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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

9. Name and Address of Current Registered Agent

DICKINSON, ANNE W
P.O. BOX 458
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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME *Nelson, Shirley*
1.3 STREET ADDRESS *501 West 7th St.*
1.4 CITY-ST-ZIP *Frostproof, Fla. 33843*

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME *CHURCHWELL, CAROLYN*
2.3 STREET ADDRESS *1205 S PINE AVE*
2.4 CITY-ST-ZIP *Frostproof, Fla. 33843*

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME *Sangster, Maxine*
3.3 STREET ADDRESS *1204 S scenic Hwy*
3.4 CITY-ST-ZIP *Frostproof, Fla. 33843*

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME *Swenson, Betty*
4.3 STREET ADDRESS *36 E. "F" Street*
4.4 CITY-ST-ZIP *Frostproof, Fla. 33843*

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME *Ellis, Kathleen*
5.3 STREET ADDRESS *580 Citrus Dr.*
5.4 CITY-ST-ZIP *Frostproof, Fla. 33843*

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME *Lord, Martha*
6.3 STREET ADDRESS *24 E. 8th Street*
6.4 CITY-ST-ZIP *Frostproof, Fla. 33843*

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-99 - 635.4125
Date Daytime Phone #

CR2F037 (11/98)