

**2000 UNIFORM BUSINESS REPORT (UBR)**

5/2

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90088 036 \*\*\*\*61.25

**DOCUMENT # 711882**

1. Entity 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 33843-0458  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

330 E "B" ST.

P.O. BOX 458

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PO BOX 458

or 20 Heights Ave.

City & State

City & State

FROSTPROOF, FLA.

FROSTPROOF FLA. 33843

Zip

Country

Zip

Country

33843

POWK

33843

POWK

4. FEI Number

59-1779249

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DICKINSON, ANNE W  
 P.O. BOX 458  
 FROSTPROOF FL 33843

20 Heights Avenue

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *Anne W. Dickinson*

*Anne W. Dickinson, Registered Agent, Street Address added*

5/24/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VD  Delete  
 NAME NELSON, SHIRLEY  
 STREET ADDRESS 501 WEST 7TH ST  
 CITY-ST-ZIP FROSTPROOF FL 33843

TITLE VD  Change  Addition  
 NAME CHURCHWELL, CAROLYN  
 STREET ADDRESS 1255 S. PINE AVE  
 CITY-ST-ZIP FROSTPROOF, FLA. 33843

TITLE PD  Delete  
 NAME CHURCHWELL, CAROLYN  
 STREET ADDRESS 1255 S PINE AVE  
 CITY-ST-ZIP FROSTPROOF FL 33843

TITLE PD  Change  Addition  
 NAME NELSON, SHIRLEY  
 STREET ADDRESS 501 WEST 7TH ST.  
 CITY-ST-ZIP FROSTPROOF, FLA. 33843

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

TITLE VD  Change  Addition  
 NAME SANGSTER, MAXINE  
 STREET ADDRESS 1204 S. SCENIC HWY.  
 CITY-ST-ZIP FROSTPROOF, FLA. 33843

TITLE RC  Delete  
 NAME SWENSON, BETTY  
 STREET ADDRESS 36 E "F" STREET  
 CITY-ST-ZIP FROSTPROOF FL 33843

TITLE RC  Change  Addition  
 NAME SWENSON, BETTY  
 STREET ADDRESS 36 E "F" STREET  
 CITY-ST-ZIP FROSTPROOF, FLA. 33843

TITLE CS  Delete  
 NAME ELLIS, KATHLEEN  
 STREET ADDRESS 580 CITRUS DRIVE  
 CITY-ST-ZIP FROSTPROOF FL

TITLE CS  Change  Addition  
 NAME ELLIS, KATHLEEN  
 STREET ADDRESS 580 CITRUS DR.  
 CITY-ST-ZIP FROSTPROOF, FLA. 33843

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

TITLE T  Change  Addition  
 NAME LORD, MARTHA  
 STREET ADDRESS 24 E 8TH ST.  
 CITY-ST-ZIP FROSTPROOF, FLA. 33843

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *M. W. Dickinson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-2000 <sup>863</sup> / 635-4125

Date

Daytime Phone #

CR2E037 (9/99)