2000 UNIFORM BUSINESS REPORT (UBR) 5/2 $\mathbf{F}(\mathbf{H},\mathbf{E}(\mathbf{I}))$ DOCUMENT # 711882 May 30, 2000 8:00 am 1. Entity Name Secretary of State FROSTPROOF WOMAN'S CLUB, INC. 05-02-2000 90088 036 ****61.25 Principal Place of Business Mailing Address 330 EAST "B" ST 330 E "B" ST P.O. BOX 458 P.O. BOX 458 FROSTPROOF FL 33843-0458 FROSTPROOF FL 33843 2. Principal Place of Business 330 E B ' ST. Mailing Address P.D. BOX 458 Suite, Apt. #. etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State POBOX 458 Applied For City & State 4. FEI Number RISTYNOOF F14.33843 FLOSTIKOOF 59-1779249 Not Applicable Country POHC Country Zip \$8.75 Additional Certificate of Status Desired 33843 つのんに Fee Required - - 6: Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) DICKINSON, ANNE W 20 Heights Avenue P.O. BOX 458 FROSTPROOF FL 33843 City Zip Code FL 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. Street Address added 5/24/00 Anne W. Dickinson Registered Agent 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. CHURCHWE II, CAROLYN 1255 S. PINE AVE 10. (66/6) (6) (Ta) Change Delete TITLE TITLE NAME NAME NELSON, SHIRLEY STREET ADDRESS FROSTIROOF, FIG. 33843 STREET ADDRESS 501 WEST 7TH ST C17Y-ST-719 CITY-ST-ZIP FROSTPROOF FL 33843 NELSON, Shirley 501 WEST 7 th St. (X) Change ☐ Addition ☐ Delete TIME TITLE NAME NAME CHURCHWELL, CAROLYN FROST PROOF, F14. 33848 STREET ADDRESS STREET ADDRESS 1255 S PINE AVE CITY-ST-7IF CITY-ST-ZIP FROSTPROOF FL 33843 GANGSTER MAXINE 1204 S. SCENIC ITWA. FROSTANDOF, Flq. 33843 TITLE V D ☐ Change Addition ☐ Delete ппе VD. NAME NAME SANGSTER, MAXINE STREET ADDRESS STREET ADDRESS 1204 S SCENIC HWY CITY-ST-ZIP CITY-ST-7IP FROSTPROOF FL SWENSON, PETTY 36 E F" STreet RC Change Addition ☐ Delete TITLE TITLE RC SWENSON, BETTY NAME NAME STREET ADDRESS STREET ADDRESS 36 E. F STREET FROSTPROOF, 710. 33843 CITY-ST-ZIP CITY-\$T-ZIP-FROSTPROOF FL 33843 ELLIS, KATHLEEN Change Addition TITLE CS : " '" Delete TITLE C S 580 CITRUS DR. NAME ELLIS, KATHLEEN STREET ADDRESS STREET ADDRESS **580 CITRUS DRIVE** PROST PROOF. Fla. 33842 CITY-ST-ZIP -CITY-ST-ZIP Frostproof Fl LORD, MARTHA Change ☐ Addition TITLE Delete IIII F MAME NAME Lord, Martha 24 E 84 ST. STREET ADDRESS 24 E 8TH ST STREET ADDRESS FROSTPA OOF. F14.33843 CITY-ST-ZIP CITY-ST-ZIP FROSTPROOF FL 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. 4-24-2000 863 CHACK WE KECKIRAL INCOLUMN ENERGIE OF SIGNING OFFICER OR DIRECTOR SIGNATURE: