

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2001 8:00 am
Secretary of State

05-09-2001 90005 020 ****61.25

DOCUMENT # 711882

1. Entity 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

3. Mailing Address

330 E B ST.

P.O. BOX 458

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FROSTPROOF FLA.

City & State

Zip

Country

33843

PO/US

Zip

Country

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

DICKINSON, ANNE W
20 HEIGHTS AVENUE
FROSTPROOF FL 33843

7. Name and Address of New Registered Agent

Name **DICKINSON, ANNE W**

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

City **FROSTPROOF** FL Zip Code **33843**

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NELSON, SHIRLEY 501 WEST 7TH ST FROSTPROOF FL 33843	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHURCHWELL, CAROLYN 1255 S PINE AVE FROSTPROOF FL 33843	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SANGSTER, MAXINE 1204 S SCENIC HWY FROSTPROOF FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RC SWENSON, BETTY 36 E. "F" STREET FROSTPROOF FL 33843	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS ELLIS, KATHLEEN 580 CITRUS DRIVE FROSTPROOF FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LORD, MARTHA 24 E 8TH ST FROSTPROOF FL	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	NELSON, SHIRLEY 501 WEST 7 ST. FROSTPROOF, FLA. 33843	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHURCHWELL, CAROLYN 1255 S. PINE AVE FROSTPROOF, FLA. 33843	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SANGSTER, MAXINE 1204 S SCENIC HWY FROSTPROOF, FLA. 33843	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RC MILLER, MARY PO BOX 428 FROSTPROOF, FLA. 33843	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ELLIS, KATHLEEN 580 CITRUS DR FROSTPROOF, FLA. 33843	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LORD, MARTHA 24 E 8TH ST. FROSTPROOF, FLA. 33843	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *MARTHA LORD* **4-24-001 635-4125**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)