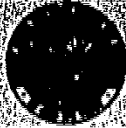


**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Barbara E. Norton
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 12 PM 12:15

DOCUMENT # 712719

(4)

1. Corporation Name

WOMAN'S CLUB OF WELAKA, INC.

Principal Place of Business

Mailing Address

STATE ROAD 309
WELAKA FL 32193

STATE ROAD 309
WELAKA FL 32193

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 05/10/1967	3a. Date of Last Report 05/01/1994
4. FBI Number 59-6205648	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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COPPEDGE, ELLEN B.
225 FRONT ST
P. O. BOX 215
WELAKA FL 32193**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	SCHMIDT, CAROL	1.2 NAME	
STREET ADDRESS	WILLIAM BARTRAM DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	WELAKA FL	1.4 CITY - ST - ZIP	
TITLE	VP	2.1 TITLE	☐ Change ☐ Addition
NAME	SEASHORE, MARGE	2.2 NAME	
STREET ADDRESS	116 PARADISE DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	WELAKA FL	2.4 CITY - ST - ZIP	
TITLE	P	3.1 TITLE	☐ Change ☐ Addition
NAME	BRYANT, JO	3.2 NAME	
STREET ADDRESS	STATE ROAD 309	3.3 STREET ADDRESS	
CITY - ST - ZIP	FRUITLAND FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	VENTURA, PATRICIA	4.2 NAME	
STREET ADDRESS	LAKE STREET	4.3 STREET ADDRESS	
CITY - ST - ZIP	POMONA PARK FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	EVERHARDT, MARVYL	5.2 NAME	
STREET ADDRESS	HCR#1	5.3 STREET ADDRESS	
CITY - ST - ZIP	SATSUMA FL	5.4 CITY - ST - ZIP	
TITLE	T	6.1 TITLE	☐ Change ☐ Addition
NAME	COPPEDGE, ELLEN B.	6.2 NAME	
STREET ADDRESS	FRONT STREET	6.3 STREET ADDRESS	
CITY - ST - ZIP	WELAKA FL	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 817, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Ellen B. Coppedge, Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/95

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