CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
STATE ROAD 309 WELAKA FL 32193	STATE ROAD 309 WELAKA FL 32193

3. Date Incorporated or Qualified: 05/10/1967
3a. Date of Last Report: 05/01/1994
4. FEI 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)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

9. Name and Address of Current Registered Agent

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

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	SCHMIDT, CAROL	12 NAME	
STREET ADDRESS	WILLIAM BARTRAM DR	13 STREET ADDRESS	
CITY-ST-ZIP	WELAKA FL	14 CITY-ST-ZIP	
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	SEASHORE, MARGE	22 NAME	
STREET ADDRESS	116 PARADISE DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	WELAKA FL	24 CITY-ST-ZIP	
TITLE	P	31 TITLE	☐ Change ☐ Addition
NAME	BRYANT, JO	32 NAME	
STREET ADDRESS	STATE ROAD 309	33 STREET ADDRESS	
CITY-ST-ZIP	FRUITLAND FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	VENTURA, PATRICIA	42 NAME	
STREET ADDRESS	LAKE STREET	43 STREET ADDRESS	
CITY-ST-ZIP	POMONA PARK FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	EVERHARDT, MARVYL	52 NAME	
STREET ADDRESS	HCR#1	53 STREET ADDRESS	
CITY-ST-ZIP	SATSUMA FL	54 CITY-ST-ZIP	
TITLE	T	61 TITLE	☐ Change ☐ Addition
NAME	COPPEDGE, ELLEN B.	62 NAME	
STREET ADDRESS	FRONT STREET	63 STREET ADDRESS	
CITY-ST-ZIP	WELAKA FL	64 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)(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.

SIGNATURE: Ellen B Coppedge Treasurer 4/6/95 9044679706
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0024443