FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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

3. Date Incorporated or Qualified: **05/10/1967**
3a. Date of Last Report: **04/12/1995**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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 617.0502 and 617.1508, 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 617.0503, 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

TITLE	D	☐ DELETE
NAME	SCHMIDT, CAROL	
STREET ADDRESS	WILLIAM BARTRAM DR	
CITY-ST-ZIP	WELAKA FL	
TITLE	~~VP~~	☐ DELETE
NAME	SEASHORE, MARGE	
STREET ADDRESS	116 PARADISE DRIVE	
CITY-ST-ZIP	WELAKA FL	
TITLE	P	☒ DELETE
NAME	BRYANT, JO	
STREET ADDRESS	STATE ROAD 309	
CITY-ST-ZIP	FRUITLAND FL	
TITLE	D	☒ DELETE
NAME	VENTURA, PATRICIA	
STREET ADDRESS	LAKE STREET	
CITY-ST-ZIP	POMONA PARK FL	
TITLE	D	☒ DELETE
NAME	EVERHARDT, MARVYL	
STREET ADDRESS	HCR#1	
CITY-ST-ZIP	SATSUMA FL	
TITLE	T	☐ DELETE
NAME	COPPEDGE, ELLEN B.	
STREET ADDRESS	FRONT STREET	
CITY-ST-ZIP	WELAKA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	President	☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	~~Vice President~~	☐ Change ☒ Addition
3.2 NAME	Marie Schulmeister	
3.3 STREET ADDRESS	St. Rt. 2	
3.4 CITY-ST-ZIP	~~Crescent City, FL 32112~~	
4.1 TITLE	Director	☐ Change ☒ Addition
4.2 NAME	Joyce DePre	
4.3 STREET ADDRESS	123 Anderson	
4.4 CITY-ST-ZIP	Pomona Park, FL 32181	
5.1 TITLE	Director	☐ Change ☒ Addition
5.2 NAME	Mary Lee Emerson	
5.3 STREET ADDRESS	Front Street	
5.4 CITY-ST-ZIP	Welaka, FL 32193	
6.1 TITLE	500001849485	☐ Change ☐ Addition
6.2 NAME	-06/04/96--01035--028	
6.3 STREET ADDRESS	***61.25	
6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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)(k), 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 4/16/96 904-4679706
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #