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Feb 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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: **05/01/1996**

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	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	P	☐ DELETE	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	VP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SCHULMISTER, MARIE		3.2 NAME		
STREET ADDRESS	ST RT 2		3.3 STREET ADDRESS		
CITY-ST-ZIP	CRESCENT CITY FL 32112		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DEPRE, JOYCE		4.2 NAME		
STREET ADDRESS	123 ANDERSON		4.3 STREET ADDRESS		
CITY-ST-ZIP	POMONA PARK FL 32181		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	EMERSON, MARY L		5.2 NAME		
STREET ADDRESS	FRONT STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	WELAKA FL 32193		5.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	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		

CR2E037 (9/96)

14. I do 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 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 ELLEN B. COPPEDGE 1/14/97 904-467-9706
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0077340