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Jun 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☑ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes N/A

2. Principal Place of Business	2a. Mailing Address
21 HWY 309 - WELAKA, FL	26 P.O. BX 154
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: WELAKA, FL.	28 City & State: WELAKA, FL.,
24 Zip: 32193 25 Country: USA	29 Zip: 32193 30 Country: USA

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: MARY C. PIDGEON
82 Street Address (P.O. Box Number is Not Acceptable): HC 2 BX 380 F
83: 119 PUTTER LN. (FRUITLAND, FL)
84 City: CRESCENT CITY FL 85 Zip Code: 32112

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 Mary C. Pidgeon, Treasurer 4-10-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☑ DELETE	1.1 TITLE	(D) PRESIDENT	☑ Change ☐ Addition
NAME	SCHMIDT, CAROL		1.2 NAME	JOYCE DEPRE	
STREET ADDRESS	WILLIAM BARTRAM DR		1.3 STREET ADDRESS	P.O. BX 768 (123 ANDERSON DR)	
CITY-ST-ZIP	WELAKA FL		1.4 CITY-ST-ZIP	POMONA PARK, FL 32181	
TITLE	P	☑ DELETE	2.1 TITLE	FIRST VICE PRESIDENT	☑ Change ☐ Addition
NAME	SEASHORE, MARGE		2.2 NAME	CLARA MALOY	
STREET ADDRESS	116 PARADISE DRIVE		2.3 STREET ADDRESS	P.O. BX 82 (430 PLANTATION PINES DR)	
CITY-ST-ZIP	WELAKA FL		2.4 CITY-ST-ZIP	GEORGETOWN, FL., 32193	
TITLE	VP	☐ DELETE	3.1 TITLE	SECRETARY	☑ Change ☐ Addition
NAME	SCHULMISTER, MARIE		3.2 NAME	ROSE MARY ANDERSON	
STREET ADDRESS	ST RT 2		3.3 STREET ADDRESS	P.O. BX 1343 (145 MOUNT ROYAL)	
CITY-ST-ZIP	CRESCENT CITY FL 32112		3.4 CITY-ST-ZIP	WELAKA FL 32193	
TITLE	D	☐ DELETE	4.1 TITLE	(D) MARIE SCHULMEISTER	☑ Change ☐ Addition
NAME	DEPRE, JOYCE		4.2 NAME	HC 2 BX 316 H (202 S. HAYES)	
STREET ADDRESS	123 ANDERSON		4.3 STREET ADDRESS	CRESCENT CITY, FL., 32112	
CITY-ST-ZIP	POMONA PARK FL 32181		4.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	5.1 TITLE	SECOND VICE PRESIDENT	☑ Change ☐ Addition
NAME	EMERSON, MARY L		5.2 NAME	JUDY SZATKOWSKI	
STREET ADDRESS	FRONT STREET		5.3 STREET ADDRESS	RT. 1 BX 703 (210 LAKE COMO DR.)	
CITY-ST-ZIP	WELAKA FL 32193		5.4 CITY-ST-ZIP	POMONA PARK, FL 32181	
TITLE	T	☑ DELETE	6.1 TITLE	(D) TREASURER	☑ Change ☐ Addition
NAME	COPPEDGE, ELLEN B.		6.2 NAME	MARY C. PIDGEON	
STREET ADDRESS	FRONT STREET		6.3 STREET ADDRESS	HC 2 BX 380 F (119 PUTTER LN. FRUITLAND)	
CITY-ST-ZIP	WELAKA FL		6.4 CITY-ST-ZIP	CRESCENT CITY, FL., 32119	

CR2E037 (10/97)

14. 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 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 Mary C. Pidgeon, Treasurer 4/10/98