2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2000 8:00 am
Secretary of State
03-03-2000 90010 021 ****61.25

DOCUMENT # 712719
Entity Name

WOMAN'S CLUB OF WELAKA, INC.

715830

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
309 FL 32193	P O BOX 154 WELAKA FLA 32193-0154 US

Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-6205648 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C PIDGEON
C 2 BOX 380-F
PUTTER LN (FRUITLAND, FL)
CRESCENT CITY FL 32112

7. Name and Address of New Registered Agent

Name: NORMA COKINS
Street Address (P.O. Box Number is Not Acceptable): 239 Buffalo Bluff Rd #213
City: Satsuma FL Zip Code: 32189

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Norma Cokins DATE 2-16-2000

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
	PD JOYCE DEPRE 123 ANDERSON DR POMONA PARK FL 32181 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	VP CLARA MALOY 430 PLANTATION PINES DR GEORGETOWN FL 32193 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	DVP SCHULMISTER, MARIE H C 2 BOX 316 (202 S HAYES) CRESCENT CITY FL 32112 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	TVP ANDERSON, ROSE MARY PO BOX 1343 WELAKA FL 32193 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	DT COKINS, NORMA 250 BUFFALO BLUFF RD, #218 SATSUMA FL 32189 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 239 Buffalo Bluff Rd #213
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Norma Cokins SIGNATURE REQUIRED 2-16-2000 (904)649-8871
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #