2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State
03-13-2002 90066 011 ****61.25

DOCUMENT # 712719

1. Entity Name

WOMAN'S CLUB OF WELAKA, INC.

Principal Place of Business	Mailing Address
HWY 309 WELAKA FL 32193 US	PO BOX 154 WELAKA FL 32193 US

DO NOT WRITE IN THIS SPACE

2. 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	7. Name and Address of New Registered Agent
COPPEDGE, ELLEN 801 FRONT ST WELAKA FL 32193	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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 Ellen B Coppedge ELLEN B COPPEDGE TREA. 2/27/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BRYANT, PATRICIA 1261 CR 309 GEORGETOWN FL 32139	☒ Delete	P KERCE, GAIL 1151 CR 309 CRESCENT CITY, FL 32112	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HUGHES, JOANN 272 RIVERBEND PLACE GEORGETOWN FL 32193	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HUBERT, GINGER 1074 FRONT ST WELAKA FL 32193	☒ Delete	VD GROVE, JUNE 228 ALABAMA ST. CRESCENT CITY, FL 32112	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LEWIS, ELIZABETH 123 RIVERBEND PLACE WELAKA FL 32193	☒ Delete	VD WELSH, JUNE 1615 HOCKEY DR. WELAKA, FL 32193	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S TAYLOR, LILA 37 SCOTT ST WELAKA FL 32193	☒ Delete	S REID, MARTHA 139 PARIDISE DR WELAKA, FL 32193	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T COPPEDGE, ELLEN 801 FRONT ST WELAKA FL 32193	☐ Delete		☐ Change ☐ Addition

CR2E037 (9/01)

12. 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: Ellen B Coppedge Treasurer ELLEN B. COPPEDGE 2/27/02 (386) 467-9706
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #