2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State
02-04-2004 90033 038 ****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

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
644 THIRD AVE.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WELAKA, FL	City & State
Zip: 32193 Country: PUTNAM, US	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: BETTY JO MILES Street Address (P.O. Box Number is Not Acceptable): 240 SPORTSMAN DR. City: WELAKA, FL Zip Code: 32193

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Betty Jo Miles BETTY JO MILES TREASURER 1/28/04
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
Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KERCE, GAIL 1151 CR 309 CRESCENT CITY FL 32112	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SOUTHWOOD, MARTHA 152 RIVER WAY GEORGETOWN, FL 32139	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SOUTHWOOD, MARTHA 152 RIVER WAY GEORGETOWN FL 32139	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD 1 CARRELL, CATHY 271 SPORTSMAN DR WELAKA, FL. 32193	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BOBER, PATSY 199 SPORTSMAN DRIVE WELAKA FL 32193	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD 2 MILLER, LINDA 116 N. LAKE GEORGE DR GEORGETOWN, FL 32139	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD RYPMA, MARY 902 FRONT STREET WELAKA FL 32193	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD 3 BOBER, PATSY 199 SPORTSMAN DR. WELAKA, FL 32193	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S REID, MARTHA 139 PARIDISE DR WELAKA FL 32193	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DAILEY, MARION 119 N. LAKEGEORGE DR GEORGETOWN, FL 321	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T COPPEDGE, ELLEN 801 FRONT ST WELAKA FL 32193	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BETTY JO MILES 240 SPORTSMAN DR. WELAKA, FL 32193	☒ Change ☐ Addition

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: Betty Jo Miles BETTY JO MILES, TREAS. 1/28/04 386-467-1978
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #