FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 727553 (0)

1. Corporation Name
WOMEN'S CIVIC CLUB OF SAFETY HARBOR, FLORIDA, IN C.

Principal Place of Business	Mailing Address
POST OFFICE BOX 1405 SAFETY HARBOR FL 34695-0405	POST OFFICE BOX 1405 SAFETY HARBOR FL 34695-0405

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/25/1973
3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-6522475 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ■ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

DOW, ELNA
160 MEADOWLARK DRIVE
SAFETY HARBOR FL 34695

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 607.0502 and 607.1508, 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 607.0505, 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	1.1 TITLE	☐ Change ☐ Addition
NAME	SCHULTZ, DOMINICA	1.2 NAME	
STREET ADDRESS	388 ESTERO CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	HARROLD, HILDA	2.2 NAME	
STREET ADDRESS	235 TUCKER STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	BRADLEY, EDITH	3.2 NAME	
STREET ADDRESS	1135 MAIN STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	3.4 CITY-ST-ZIP	
TITLE	P	4.1 TITLE	P ☒ Change ☐ Addition
NAME	PAPADI, VIRGINIA	4.2 NAME	Elna L. Dow
STREET ADDRESS	222 IRONAGE ST	4.3 STREET ADDRESS	160 Meadowlark Dr.
CITY-ST-ZIP	SAFETY HARBOR FL	4.4 CITY-ST-ZIP	Safety Harbor, Fl. 34695
TITLE	V	5.1 TITLE	☐ Change ☐ Addition
NAME	HESS, DORIS	5.2 NAME	
STREET ADDRESS	280 TUCKER ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR FL	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	☐ Change ☐ Addition
NAME	HOOLIHAN, CHARLOTTE	6.2 NAME	
STREET ADDRESS	2055 BROOKSIDE DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR FL	6.4 CITY-ST-ZIP	

M715
REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Elna L. Dow Elna L. Dow 4/24/95 813-726-5532
SIGNATURE AND TYPED OR PRINTED NAME OF RUNNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000810