

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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 34695-8405

POST OFFICE BOX 1405
SAFETY HARBOR FL 34695-8405

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/25/1973

3a. Date of Last Report

05/01/1995

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

**DOW, ELNA
160 MEADOWLARK DRIVE
SAFETY HARBOR FL 34695**

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D SCHULTZ, DOMINICA**
STREET ADDRESS **388 ESTERO CT**
CITY - ST - ZIP **SAFETY HARBOR FL**

TITLE ☐ DELETE

NAME **D HARROLD, HILDA**
STREET ADDRESS **235 TUCKER STREET**
CITY - ST - ZIP **SAFETY HARBOR FL 34695**

TITLE ☐ DELETE

NAME **D BRADLEY, EDITH**
STREET ADDRESS **1135 MAIN STREET**
CITY - ST - ZIP **SAFETY HARBOR FL 34695**

TITLE ☐ DELETE

NAME **P DOW, ELNA L**
STREET ADDRESS **160 MEADOWLARK DR**
CITY - ST - ZIP **SAFETY HARBOR FL 34695**

TITLE ☐ DELETE

NAME **V HESS, DORIS**
STREET ADDRESS **280 TUCKER ST**
CITY - ST - ZIP **SAFETY HARBOR FL**

TITLE ☐ DELETE

NAME **S HOOLIHAN, CHARLOTTE**
STREET ADDRESS **2055 BROOKSIDE DR**
CITY - ST - ZIP **SAFETY HARBOR FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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)(k), 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: **Elma L. Dow**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96

Date

813-726-5532

Daytime Phone #

CR2E037 (12/95)