

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90145 020 ****61.25

DOCUMENT # 727553

1. Corporation Name

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

Principal Place of Business

POST OFFICE BOX 1405
SAFETY HARBOR FL 34695-8405

Mailing Address

POST OFFICE BOX 1405
SAFETY HARBOR FL 34695-8405



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

09/25/1973

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

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 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 D
NAME HEDGES, RUTH
STREET ADDRESS 2367 D. FLANDERS WAY
CITY-ST-ZIP SAFETY HARBOR FL ☐ DELETE

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

TITLE D
NAME MERRITT, ELLIE
STREET ADDRESS 3240 SAN BERNADINO ST
CITY-ST-ZIP CLEARWATER FL ☐ DELETE

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

TITLE D
NAME HESS, DORIS
STREET ADDRESS 280 TUCKER ST
CITY-ST-ZIP SAFETY HARBOR FL ☐ DELETE

TITLE xx
NAME HOOLIHAN, CHARLOTTE
STREET ADDRESS 2055 BROOKSIDE DR
CITY-ST-ZIP SAFETY HARBOR FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP
1.2 NAME Gerri Downs
1.3 STREET ADDRESS 1195 Mission Circle
1.4 CITY-ST-ZIP Clearwater, Florida 33759 ☐ Change ☒ Addition

2.1 TITLE Treasurer
2.2 NAME TreASURER
2.3 STREET ADDRESS Dorothy Schultz-Crestwood CT N.
2.4 CITY-ST-ZIP Safety Harbor, FL 34695 ☐ Change ☒ Addition

3.1 TITLE Secretary
3.2 NAME Margaret Viereck
3.3 STREET ADDRESS 104 Grapefruit Circle
3.4 CITY-ST-ZIP Clearwater, Florida 33759 ☐ Change ☒ Addition

4.1 TITLE D
4.2 NAME Mary Burns
4.3 STREET ADDRESS 120 Melrose Drive
4.4 CITY-ST-ZIP Safety Harbor, FL 34695 ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME President ☐ Change ☐ Addition

6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

10072614