SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -4 AM 10:43

DOCUMENT # **727937** **(5)**

1. Corporation Name

ARLINGTON WOMAN'S CLUB HOLDING CORPORATION

Principal Place of Business	Mailing Address
5714 ARLINGTON RD JACKSONVILLE FL 32211	5714 ARLINGTON RD JACKSONVILLE FL 32211

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/05/1973
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-0933692 ☐ 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 ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

VARNELL, IVA
4445 RIVER TRAIL ROAD
JACKSONVILLE FL 32211

10. Name and Address of New Registered Agent

81 Name: Mrs. Janice Combs
82 Street Address (P.O. Box Number is Not Acceptable): 2603 S. Ponte Vedra Blvd.
83: Ponte Vedra Beach
84 City: Ponte Vedra Beach, **FL** 85 Zip Code: 32082

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: Janice L. Combs DATE: 7/26/95
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	VD	11 TITLE	VD ☐ Change ☐ Addition
NAME	PADGETT, FRANCES	12 NAME	Padgett, Frances
STREET ADDRESS	2914 SALEM COURT	13 STREET ADDRESS	2914 Salem Court
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	Jacksonville, Florida
TITLE	P	21 TITLE	TD ☒ Change ☐ Addition
NAME	VARNELL, IVA	22 NAME	Varnell, Iva
STREET ADDRESS	4445 RIVER TRAIL ROAD	23 STREET ADDRESS	4445 River Trail Road
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	Jacksonville, Florida
TITLE	VP	31 TITLE	VP ☒ Change ☐ Addition
NAME	HARTSOCK, ISABEL	32 NAME	Hartsock, Isabel
STREET ADDRESS	2260 UNIVERSITY BLVD N	33 STREET ADDRESS	2260 University Blvd. N.#65
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP	Jacksonville, Florida
TITLE	VD	41 TITLE	P ☒ Change ☐ Addition
NAME	HARTSOCK, ISABEL	42 NAME	Combs, Janice
STREET ADDRESS	2260 UNIVERSITY BLVD. N. Apt. 65	43 STREET ADDRESS	2603 S. Ponte Vedra Blvd.
CITY-ST-ZIP	JACKSONVILLE, FL 00000	44 CITY-ST-ZIP	Ponte Vedra Beach, Florida 32082
TITLE	TD	51 TITLE	S ☐ Change ☐ Addition
NAME	COMBS, JANICE	52 NAME	Fowler, Althea
STREET ADDRESS	2603 S PONTE VEDRA BLVD	53 STREET ADDRESS	1331 Griflet Road
CITY-ST-ZIP	PONTE VEDRA BCH FL	54 CITY-ST-ZIP	Jacksonville, Florida
TITLE	S	61 TITLE	☐ Change ☐ Addition
NAME	FOWLER, ALTHEA M	62 NAME	
STREET ADDRESS	1331 GRIFLET RD.	63 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	64 CITY-ST-ZIP	

CR2E037 (3/95)

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: Janice L. Combs President (904) 829-0539
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

0002041