## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

727937

(5)

## ARLINGTON WOMAN'S CLUB HOLDING CORPORATION

Principal Place of Business Mailing Address						F FARIN LEGIO NUN YOUR COIDA CESTE		PI BENIT WINII BINII NINEI INNI	
5714 ARLINGTON RD JACKSONVILLE FL 32211		5714 ARLINGTON RD JACKSONVILLE FL 32211							
						3. Date incorporated or Qualified 11/05/1973		te of Last Report 08/04/1995	
2. Principal Pla 21	ace of Business	2a. Mailing Address 26				4. FEI Number 59-0933692		Applied For Not Applicable	
Suite, Apt. i	f, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State		City & State		-		Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip	Country	Zip	Cour	ntry		8. This corporation has liability for in		x under s. 199.032,	
24	25   29   30   9. Name and Address of Current Registered Agent					Florida Statutes Yes No  10. Name and Address of New Registered Agent			
·	9. Name and Address of Current	negistered Agent		81	Name	TO. Name and Address of New Re	gistered A	- tgent	
COMBS, JANICE									
	PONTE VEDRA BLVD		82		Street A	ddress (P.O. Box Number is Not Acceptable	2)		
	VEDRA BCH FL 32082			83					
			Ī	84	City		FL	85 Zip Code	
11. Pursuant t	o the provisions of Sections 617.0502	and 617.1508, Florida Statut	es, the above	ve-n oroz	named corr	poration submits this statement for the purp	ose of cha	nging 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 _							3//	0/96	
12.	Signatural typed or printed name of registered agent a OFFICERS AND		TE: Registered	Agen	Lsignature req	pared when reinstating)  ADDITIONS/CHANGES TO OFFICE	CERS AND	DIRECTORS IN 12	
TITLE	VD			1 TITLE		The state of the s		Change Addition	
NAME	PADGETT, FRANCES	121		ME			_		
STREET ADDRESS	2914 SALEM COURT		13 ST	1.3 STREET ADDRESS					
CITY-ST-ZIP	14 OLOOD BUILT D		14 01	ITY-ST-ZIP				,	
TITLE	TD DELETE :		2 1 TIT	21 TITLE $\nu$		VICE PRESIDENT	Υ	Change	
NAME	VARNELL, IVA		2 2 NA			Vice President dua VARNE!! 4445 River TRAI! K JACKSONVIlle, F.1.			
STREET ADDRESS	4445 RIVER TRAIL ROAD		2 3 ST	2 3 STREFT ADDRESS		4445 RIVERTRAI	1 KW	′ •	
CITY-ST-ZIP	JACKSONVILLE FL			2 4 CITY - ST - ZIP		TACKSONVIlle, F.1.			
TITLE	VP	DELETE	31707				[	Change Addition	
NAME	HARTSOCK, ISABEL	N.F.	3 2 NA						
STREET ADDRESS	2260 UNIVERSITY BLVD N #6	55			ADDRESS				
CITY+ST-ZIP TITLE	JACKSONVILLE FL VD	LÉTE	3.4. C) 4.1 TIT	_	iT - ZIP			Change Addition	
NAME	COMBS, JANICE	The state of the s	4. 2 N/						
STREET ADDRESS	2603 S PONTE VEDRA BLVD				ADDRESS				
CITY-ST-ZIP	PONTE VEDRA BCH FL		4.4 CIT		- 1				
TITLE	S	DELETE	5.1 111			TREASURE	[	Change Addition	
NAME	FOWLER, ALTHEA		5 2 NA	ME		Roberta Elkins	_	, ,	
STREET ADDRESS	1331 GRIFLET RD		5 3 \$1	REET	ADDRESS	Roberta Elkins 3548 Sandburg M Incksonville, F	RUAC	ا ا	
CITY-ST-ZIP	JACKSONVILLE FL		5.4 01	ΓY-\$	T - ZIF	Incksonville F	/	32211	
TITLE	8	DELETE	6 1 TH	LF			Ī	Change Addition	
NAME	FOWLER, ALTHEA M		6.2 NA	ME					
STREET ADDRESS	1331 GRIFLET RD.		6.3 ST	REET	ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL	Ath, this fline is not never it for	6 4 CIT			futor the appropriate state of the Parties 1400	77/21/L3 F1-	ida Ctatutaa 14.45	
certify that	the information indicated on this annu	al report or supplemental and	nual report is	s tru	ie and acc	fy for the exemption stated in Section 119.0 urate 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 or on an attachment with an address.									

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR COMBS 3/10/96 (904) 829-0539

R2E037 (12/95