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May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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 32211-5318

3. Date Incorporated or Qualified: **11/05/1973**
3a. Date of Last Report: **03/15/1996**

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

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

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

9. Name and Address of Current Registered Agent

COMBS, JANICE
2603 S PONTE VEDRA BLVD
PONTE VEDRA BCH FL 32082

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 _____ 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	VD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PADGETT, FRANCES		1.2 NAME		
STREET ADDRESS	2914 SALEM COURT		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	VARNEL, D		2.2 NAME		
STREET ADDRESS	4445 RIVER TRAIL ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HARTSOCK, ISABEL		3.2 NAME		
STREET ADDRESS	2260 UNIVERSITY BLVD N #65		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	COMBS, JANICE		4.2 NAME		
STREET ADDRESS	2603 S PONTE VEDRA BLVD		4.3 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BCH FL		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE	AT	☒ Change ☐ Addition
NAME	ELKINS, ROBERTA		5.2 NAME	ELKINS Roberta	
STREET ADDRESS	3548 SANDBURG ROAD		5.3 STREET ADDRESS	4251 MONUMENT Rd #601	
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP	JAX FLA 32225	
TITLE	S	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	FOWLER, ALTHEA M		6.2 NAME		
STREET ADDRESS	1331 GRIFLET RD.		6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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.

SIGNATURE: Janice M. Combs 4/22/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #0005516