FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 26 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 734442 (7)

1. Corporation Name
ARCADIA WOMAN'S CLUB, INC.

Principal Place of Business	Mailing Address
WEST HICKORY STREET (OLD BRADENTON RD.) P.O. BOX 204 ARCADIA FL 33821-1458	WEST HICKORY STREET (OLD BRADENTON RD.) P.O. BOX 204 ARCADIA FL 33821-1458

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/26/1975
3a. Date of Last Report: 04/08/1994
4. FEI Number: 59-2366309 ☐ 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 ☐ **$68.75** Supplemental Fee Not Required
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
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BEESTING, KENNETH W.
115 S. BREVARD
ARCADIA FL

10. Name and Address of New Registered Agent

81 Name: VARNER, IRIS
82 Street Address (P.O. Box Number is Not Acceptable): 2943 S.E. CREEKWOOD
83
84 City: ARCADIA FL 85 Zip Code: 33821

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Iris Varner — 4-19-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P/D ☐ Change ☐ Addition
NAME	ROSENTHAL, MILDRED	1.2 NAME	VARNER, IRIS
STREET ADDRESS	FT 7 BOX 165	1.3 STREET ADDRESS	2943 S.E. CREEKWOOD
CITY-ST-ZIP	ARCADIA FL	1.4 CITY-ST-ZIP	ARCADIA FL 33821
TITLE	V	2.1 TITLE	V ☐ Change ☐ Addition
NAME	AMBLER, JOY	2.2 NAME	WALLACE, MURIEL
STREET ADDRESS	216 EAST OAK ST	2.3 STREET ADDRESS	109 BRIDAL PATH
CITY-ST-ZIP	ARCADIA FL	2.4 CITY-ST-ZIP	ARCADIA FL 33821
TITLE	V	3.1 TITLE	V/D ☐ Change ☐ Addition
NAME	BREMER, PHYLLIS	3.2 NAME	PEARCE, LU
STREET ADDRESS	RT 7 GTE 25	3.3 STREET ADDRESS	401 SUNSET AVE.
CITY-ST-ZIP	ARCADIA FL	3.4 CITY-ST-ZIP	ARCADIA FL 33821
TITLE	SD	4.1 TITLE	S/D ☐ Change ☐ Addition
NAME	GRAY, BETTY	4.2 NAME	ARRINGTON, MARY
STREET ADDRESS	2841 S.E. NORMAN AVE	4.3 STREET ADDRESS	1525 S.E. TANGELO
CITY-ST-ZIP	ARCADIA FL	4.4 CITY-ST-ZIP	ARCADIA FL 33821
TITLE	TD	5.1 TITLE	T ☐ Change ☐ Addition
NAME	WHITESELL, HEANE L.	5.2 NAME	MILLER, ELIZABETH
STREET ADDRESS	20 TEXAS AVE	5.3 STREET ADDRESS	4875 S.E. APACHE RD.
CITY-ST-ZIP	ARCADIA FL	5.4 CITY-ST-ZIP	ARCADIA FL 33821
TITLE	CS	6.1 TITLE	CS ☐ Change ☐ Addition
NAME	FRANKLIN, MARY K.	6.2 NAME	WOODS, GLADYS
STREET ADDRESS	2100 EAST OAK ST #33	6.3 STREET ADDRESS	RT 8 BOX 13 PARK PLACE
CITY-ST-ZIP	ARCADIA FL	6.4 CITY-ST-ZIP	ARCADIA FL 33821

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: Iris Varner — 4-19-95 — 813 993 0184
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

0067300