FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

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

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 / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified	3a. Date of Last Report
11/26/1975	04/26/1995

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

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
VARNER, IRIS 2943 SE CREEKWOOD ARCADIA FL 33821	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: Iris V Varner — IRIS VARNER — 4/11/96
(Signature, typed or printed name of registered agent, and date. NOTE: Registered Agent's signature required when name is changed.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	ROSENTHAL, MILDRED		1.2 NAME	LOTTS, HILDRED	
STREET ADDRESS	FT 7 BOX 165		1.3 STREET ADDRESS	2626 N. ROBERTS AVE.	
CITY-ST-ZIP	ARCADIA FL		1.4 CITY-ST-ZIP	ARCADIA, FL 33821	
TITLE	V	☐ DELETE	2.1 TITLE	V/D	☒ Change ☐ Addition
NAME	WALLACE, MURIEL		2.2 NAME	HUGHES, EMILY	
STREET ADDRESS	109 BRIDAL PATH		2.3 STREET ADDRESS	12288 S.W. LEXINGTON	
CITY-ST-ZIP	ARCADIA FL		2.4 CITY-ST-ZIP	ARCADIA FL 33821	
TITLE	VD	☐ DELETE	3.1 TITLE	V	☒ Change ☐ Addition
NAME	PEARCE, LU		3.2 NAME	GRAY, BETTY	
STREET ADDRESS	401 SUNSET AVE		3.3 STREET ADDRESS	2841 S.E. NORMAN AVE.	
CITY-ST-ZIP	ARCADIA FL		3.4 CITY-ST-ZIP	ARCADIA FL 33821	
TITLE	SD	☐ DELETE	4.1 TITLE	S/D	☒ Change ☐ Addition
NAME	ARRINGTON, MARY		4.2 NAME	McMILLAN, NINA	
STREET ADDRESS	1525 SE TANGELO		4.3 STREET ADDRESS	1957 S.E. WEST AVE.	
CITY-ST-ZIP	ARCADIA FL		4.4 CITY-ST-ZIP	ARCADIA FL 33821	
TITLE	TD	☐ DELETE	5.1 TITLE	T/D	☒ Change ☐ Addition
NAME	WHITESELL, HEANE L.		5.2 NAME	MILLER, ELIZABETH	
STREET ADDRESS	20 TEXAS AVE		5.3 STREET ADDRESS	P.O. BOX 401 4875 S.E. APACHE RD.	
CITY-ST-ZIP	ARCADIA FL		5.4 CITY-ST-ZIP	ARCADIA FL 33821	
TITLE	CS	☐ DELETE	6.1 TITLE	CS	☒ Change ☐ Addition
NAME	FRANKLIN, MARY K.		6.2 NAME	COLLIER, MILDRED	
STREET ADDRESS	2100 EAST OAK ST #33		6.3 STREET ADDRESS	241 N. ROGERS AVE.	
CITY-ST-ZIP	ARCADIA FL		6.4 CITY-ST-ZIP	ARCADIA FL 33821	

CR2E037 (12/95)

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: Elizabeth K. Miller — 4/11/96 — (941) 494-4877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ELIZABETH K. MILLER T/D