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Apr 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip
34265-0204

Country

28 Zip
34265-0204

Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/26/1975

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. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/17/98

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LOTTIS, MILDRED	
STREET ADDRESS	2626 N. ROBERTS AVE.	
CITY-ST-ZIP	ARCADIA FL	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	HUGHES, EMILY	
STREET ADDRESS	12288 S.W. LEXINGTON	
CITY-ST-ZIP	ARCADIA FL	

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	GRAY, BETTY	
STREET ADDRESS	2841 S.E. NORMAN AVE.	
CITY-ST-ZIP	ARCADIA FL	

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MC MILLAN, NINA	
STREET ADDRESS	1957 S.E. WEST AVE.	
CITY-ST-ZIP	ARCADIA FL	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	MILLER, ELIZABETH	
STREET ADDRESS	P.O. BOX 401 N/A	
CITY-ST-ZIP	ARCADIA FL	

TITLE	CS	<input checked="" type="checkbox"/> DELETE
NAME	COLLIER, MILDRED	
STREET ADDRESS	241 N. ROGERS AVE.	
CITY-ST-ZIP	ARCADIA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	WALLACE, MURIEL	
1.3 STREET ADDRESS	302 E. IMogene ST.	
1.4 CITY-ST-ZIP	ARCADIA FL 34266	

2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SMITH, YETA	
3.3 STREET ADDRESS	3951 N.W. KNOLLWOOD DR.	
3.4 CITY-ST-ZIP	ARCADIA FL 34266	

4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	HOLM, NORINE	
4.3 STREET ADDRESS	P.O. BOX 427 N/A	
4.4 CITY-ST-ZIP	NOCATEE FL 34268	

5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	4875 S.E. APACHE RD.	
5.4 CITY-ST-ZIP	ARCADIA FL 34266	

6.1 TITLE	CS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	STROMSNES, HAZEL	
6.3 STREET ADDRESS	7789 S.W. HWY. 72	
6.4 CITY-ST-ZIP	ARCADIA FL 34266	

14. I 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:

Elizabeth K. Miller

4/17/98

(941) 494-4897

CR2E037 (1097)