

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 # 735230

(5)

1. Corporation Name

THE LAKE SHORE WOMAN'S CLUB, INC.



Principal Place of Business

Mailing Address

2352 LAKE SHORE BLVD.  
JACKSONVILLE FL 32210

2352 LAKE SHORE BLVD  
JACKSONVILLE FL 32210

3. Date Incorporated or Qualified  
03/11/1976

3a. Date of Last Report  
05/16/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1422394

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

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

BRYANT, CECILIA  
1400 PRUDENTIAL DR. #3  
JACKSONVILLE FL 32207

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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

TITLE ☐ DELETE

P  
NAME BRYAN, LAURA  
STREET ADDRESS 819 LEBRUN DR  
CITY - ST - ZIP JACKSONVILLE FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TITLE ☐ DELETE

VD  
NAME MADDOX, NANCY  
STREET ADDRESS 4804 ULMER AVE  
CITY - ST - ZIP JACKSONVILLE FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE ☐ DELETE

VD  
NAME WINDERWEEDLE, JEANNE  
STREET ADDRESS 5462 LAMOYA AVE  
CITY - ST - ZIP JACKSONVILLE FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE ☐ DELETE

VD  
NAME DEPREE, STELLA  
STREET ADDRESS 2122 TEGNER DR  
CITY - ST - ZIP JACKSONVILLE FL

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE ☐ DELETE

RS  
NAME PARMENTER, ANN  
STREET ADDRESS 5801 111TH ST  
CITY - ST - ZIP JACKSONVILLE FL

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE ☐ DELETE

T  
NAME INGRAM, ANNA  
STREET ADDRESS 4931 RAGGEDY POINT RD  
CITY - ST - ZIP ORANGE PARK FL

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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)(k), 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, unchanged, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (12/95)