

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 735230

1. Corporation Name

THE LAKE SHORE WOMAN'S CLUB, INC.

Principal Place of Business

2352 LAKE SHORE BLVD.
JACKSONVILLE FL 32210

Mailing Address

2352 LAKE SHORE BLVD.
JACKSONVILLE FL 32210

FILED
Aug 13, 1999 8:00 am
Secretary of State

08-13-1999 90012 034 ****61.25



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

03/11/1976

4. FEI Number

59-1422394

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

9. Name and Address of Current Registered Agent

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

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

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

TITLE **VD** ☐ DELETE

NAME **HARRIS, JEANNIE**
STREET ADDRESS **2029 BO PEEP DR WEST**
CITY-ST-ZIP **JACKSONVILLE FL 32210-2915**

TITLE **VD** ☐ DELETE

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

TITLE **VD** ☐ DELETE

NAME **DEPRE, STELLA**
STREET ADDRESS **2122 TEGNER DR**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **RS** ☐ DELETE

NAME **HARMON, RUTH**
STREET ADDRESS **5766 CEDAR PARK LANE**
CITY-ST-ZIP **JACKSONVILLE FL 32210-5246**

TITLE **T** ☐ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☐ Addition

1.2 NAME **Harris, Jeannie P**
1.3 STREET ADDRESS **2029 Bo Peep Dr., West**
1.4 CITY-ST-ZIP **Jacksonville, FL., 32210-2915**

2.1 TITLE **D** ☐ Change ☐ Addition

2.2 NAME **Parmenter, Ann**
2.3 STREET ADDRESS **5801 11th St.**
2.4 CITY-ST-ZIP **Jacksonville, FL, 32244-2907**

3.1 TITLE **D** ☐ Change ☐ Addition

3.2 NAME **Winderweedle, Jeanne V**
3.3 STREET ADDRESS **5462 Lamoya Ave**
3.4 CITY-ST-ZIP **Jacksonville, FL., 32210**

4.1 TITLE **D** ☐ Change ☐ Addition

4.2 NAME **Dupree, Stella V**
4.3 STREET ADDRESS **2122 Tegner Dr.**
4.4 CITY-ST-ZIP **Jacksonville, FL. 32210**

5.1 TITLE **T** ☐ Change ☐ Addition

5.2 NAME **Harmon, Ruth S**
5.3 STREET ADDRESS **5766 Cedar Park Lane**
5.4 CITY-ST-ZIP **Jacksonville, FL., 32210-5246**

6.1 TITLE **T** ☐ Change ☐ Addition

6.2 NAME **Ingram, Anna T**
6.3 STREET ADDRESS **4931 Raggedy Point Rd.**
6.4 CITY-ST-ZIP **Orange Park, FL. 32073-7849**

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/24/99

(904) 388-7921 (Club)

Date Daytime Phone #

CR2E037 (5/99)