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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 AM 9:05

DOCUMENT # 735393 (1)

1. Corporation Name
BROOKSVILLE WOMAN'S CLUB, INCORPORATED

Principal Place of Business	Mailing Address
131 SOUTH MAIN STREET BROOKSVILLE FL 34601	131 SOUTH MAIN STREET BROOKSVILLE FL 34601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/25/1976
3a. Date of Last Report: 03/31/1994
4. FEI Number: 23-7034705 ☐ 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

PHILLIPS, W. C.
904 CEDAR DRIVE
BROOKSVILLE FL 34601

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	V	☒ Change ☐ Addition
NAME	CONSTANTS, DOROTHY	1.2 NAME		
STREET ADDRESS	4436 GASTON STREET	1.3 STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL FL	1.4 CITY-ST-ZIP		
TITLE	VP	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	BISSELL, GRACE	2.2 NAME		
STREET ADDRESS	7080 HIGH CORNER RD	2.3 STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE FL	2.4 CITY-ST-ZIP		
TITLE	VP	3.1 TITLE	V	☒ Change ☐ Addition
NAME	ANDERSON, JANE	3.2 NAME	Hammond, Ruth	
STREET ADDRESS	25055 KIBLER LANE	3.3 STREET ADDRESS	965 Candlelight Blvd. #21	
CITY-ST-ZIP	BROOKSVILLE FL	3.4 CITY-ST-ZIP	Brooksville, FL 34601	
TITLE	TD	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	SENGER, LETTY	4.2 NAME	Williams, Ora	
STREET ADDRESS	12327 CORONADO DR	4.3 STREET ADDRESS	900 N. Broad St. #3082	
CITY-ST-ZIP	SPRING HILL FL	4.4 CITY-ST-ZIP	Brooksville, FL 34601	
TITLE	SD	5.1 TITLE	D	☒ Change ☐ Addition
NAME	WICK-KINNER, GEORGIA	5.2 NAME		
STREET ADDRESS	1491 SABRA DR	5.3 STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	SD	☒ Change ☐ Addition
NAME	DIXON, BARMELL	6.2 NAME	Ruckdeschel, Chris	
STREET ADDRESS	1200 OLD HAMMOCK RD	6.3 STREET ADDRESS	24479 Audubon Drive	
CITY-ST-ZIP	BROOKSVILLE FL	6.4 CITY-ST-ZIP	Brooksville, FL 34601	

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: Grace Bissell Grace Bissell 3/15/95 904 799-1006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0008880