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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name 736365

(8)

	WOOD WOMAN'S CLUB										
Principal Place	of Business	Mailing .	Address					1 ibneit inebe bereit diene errie ner		1811 07911 01011 0	11411 81611 1491
501 N. 14TH A	AVENUE FL 33020-5209		. 14TH AVENUE (WOOD FL 3302)	0-5209							
							3	3. Date Incorporated or Qualified 07/08/1976	3a. [Date of Last F 03/22/19	995
2. Principal Pla	ace of Business	2a. Mall 26	2a. Malling Address 26				4	4. FEI Number 59-6137224		N	pplied For lot Applicable
Suite, Apt. 1	#, etc.	27	e, Apt. #, etc.					5. Certificate of Status Desired		Fee F	Additional Required
City & State	9	City	& State				•	Election Campaign Financing Trust Fund Contribution			May Be I to Fees
Zip	Country 25	Zip		30 Cou	ıntry		8	This corporation has liability for Florida Statutes	r intangible Yes [199.032,
24	9. Name and Address of Curi		d Agent		1		10	0. Name and Address of New	Registered	i Agent	
	9. Hallo allo Addieda el Call				81	Name					
	O, CAROL ANN				82	Street A	ddress (P.O. Box Number Is Not Accepta	able)		
	South lake DR Vood FL 33019				83						
					84	City			FI	L " " '	Code
11. Pursuant for register familiar wi	to the provisions of Sections 617.05 red agent, or both, in the State of Fi ith, and accept the obligations of, S Sgreture, pped or printed name of registered a	ection 617.050	Florida Statute	Ized by the)(ىر	n rainstating)	4/37	196	
12.		30									
	OFFICERS:	AND DIRECTOR		13.				ADDITIONS/CHANGES TO OI	FFICERS A	ND DIRECTO	
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	P CAMILLO, CAROL	AND DIRECTOR	RS	1.1.1				ADDITIONS/CHANGES TO OI	FFICERS AF		
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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 is rupe and accurate and that my signature shall have the same legal effect as if made under certify 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)