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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 738305 (2)
1. Corporation Name
EVERGREEN WOMENS CLUB, INC., OF DELAND, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
P O BOX 1745 DELAND FL 32720 **P O BOX 1745 DELAND FL 32720**

3. Date Incorporated or Qualified **03/08/1977** 3a. Date of Last Report **05/01/1994**
4. FEI Number **NOT APPLICABLE** Applied For Not Applicable

2. Principal Place of Business 23. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Country 30 Country

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

9. Name and Address of Current Registered Agent
~~AKINS, EVELYN E.
512 S. FLORIDA AVE.
DELAND FL 32720~~

10. Name and Address of New Registered Agent
81 Name **JENKINS, JACQUELYN D.**
82 Street Address (P.O. Box Number is Not Acceptable) **523 W. Hubbard, Ave.**
83
84 City **DELAND** FL 85 Zip Code **32720**

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 Jenkins, Jacquelyn D. DATE 4-11-95
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	HARRIS, ORA
STREET ADDRESS	708 SOUTH CLARA
CITY - ST - ZIP	DELAND FL
TITLE	D
NAME	STOKES, ANETTA
STREET ADDRESS	224 SOUTH ADELLE
CITY - ST - ZIP	DELAND FL
TITLE	D
NAME	WILLIAMS, JULIA
STREET ADDRESS	229 SOUTH PARSONS
CITY - ST - ZIP	DELAND FL
TITLE	S
NAME	LANE, CLARETHA
STREET ADDRESS	514 S. THOMPSON ST.
CITY - ST - ZIP	DELAND FL
TITLE	P
NAME	AKINS, EVELYN E.
STREET ADDRESS	512 S. FLORIDA AVE
CITY - ST - ZIP	DELAND FL
TITLE	T
NAME	JOHNSON, WILLIE MAE
STREET ADDRESS	301 S. ORANGE AVENUE
CITY - ST - ZIP	DELAND FL 32720

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D
3.3 STREET ADDRESS	JOHNSON, WILLIE MAE R.
3.4 CITY - ST - ZIP	301 SOUTH ORANGE AVENUE DELAND, FL 32720
4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	S
4.3 STREET ADDRESS	WHITE, EVA
4.4 CITY - ST - ZIP	486 WEST BERESFORD ROAD DELAND, FL 32720
5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	VP
5.3 STREET ADDRESS	PRICE, DOLOTHY
5.4 CITY - ST - ZIP	808 SOUTH CLARA AVENUE DELAND, FL 32720
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	T
6.3 STREET ADDRESS	DURANT, ELIZABETH
6.4 CITY - ST - ZIP	501 WEST LISBON PARKWAY DELAND FL 32720

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Willie Mae R. Johnson DATE: April 26, 1995 904-738-9950
(NOTE: Registered Agent signature required when reinstating)