

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



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 **05/01/1995**

2. Principal Place of Business 2a. Mailing Address  
**21 EVERGREEN WOMENS CLUB** **26 EVERGREEN WOMENS CLUB**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
**22 503 SOUTH DELAWARE** **27 P.O. BOX 1745**  
City & State City & State  
**23 DELAND, FLA** **28 DELAND, FLA**  
Zip Country Zip Country  
**24 32720** **25 VOLUSIA** **29 32720** **30 VOLUSIA**

4. FEI Number **NOT APPLICABLE** 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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

## 9. Name and Address of Current Registered Agent

**JENKINS, JACQUELYN D**  
**523 W HUBBARD AVE**  
**DELAND FL 32720**

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	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
	<b>PD HARRIS, ORA</b>	<b>708 SOUTH CLARA</b>	<b>DELAND FL</b>	<input checked="" type="checkbox"/>
	<b>D STOKES, ANETTA</b>	<b>224 SOUTH ADELLE</b>	<b>DELAND FL</b>	<input type="checkbox"/>
	<b>D JOHNSON, WILLIE MAE R</b>	<b>301 SOUTH ORANGE AVENUE</b>	<b>DELAND FL 32720</b>	<input type="checkbox"/>
	<b>S WHITE, EVA</b>	<b>486 WEST BERESFORD ROAD</b>	<b>DELAND FL 32720</b>	<input checked="" type="checkbox"/>
	<b>V PRICE, DOROTHY</b>	<b>808 SOUTH CLARA AVENUE</b>	<b>DELAND FL 32720</b>	<input type="checkbox"/>
	<b>T DURNAT, ELIZABETH</b>	<b>501 WEST LISBON PARKWAY</b>	<b>DELAND FL 32720</b>	<input type="checkbox"/>

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

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
	<b>AKINS, Evelyn</b>	<b>512 So. Florida, Ave.</b>	<b>DELAND, Fla. 32720</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<b>SHARP, SHARON</b>	<b>334 WEST EUCLID AVE</b>	<b>DELAND, FLA. 32720</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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 if changed, or on an attachment with an address.

SIGNATURE:

*Jenkins, Jacquelyn D.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-15-98**  
Date

**904-738-7014**  
Daytime Phone #

CR2E037 (12/95)