

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 740705 (9)

1. Corporation Name

THE JUNIOR WOMAN'S CLUB OF SEBRING, INC.

Principal Place of Business

P.O. BOX 810
SEBRING FL 33871

Mailing Address

P.O. BOX 810
SEBRING FL 33871

3. Date Incorporated or Qualified
11/04/1977

3a. Date of Last Report
08/10/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOWARD, JOHN F.
120 MINI RANCH ROAD
SEBRING FL 33870

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE V ☒ DELETE
NAME ATEN, CAROL
STREET ADDRESS 3305 DUFFER ROAD
CITY-ST-ZIP SEBRING FL

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE SD ☒ DELETE
NAME CARLISLE, DONNA
STREET ADDRESS 2318 CLEVELAND ROAD
CITY-ST-ZIP SEBRING FL

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE TD ☐ DELETE
NAME MCCLELLAND, WANDA
STREET ADDRESS 2302 ANDALUSIA
CITY-ST-ZIP SEBRING FL

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME BERARD, KATHY
STREET ADDRESS 310 VAN WALL TERRACE
CITY-ST-ZIP SEBRING FL

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE PD ☐ DELETE
NAME GILBERT, CINDY
STREET ADDRESS 3418 HOWZE AVE
CITY-ST-ZIP SEBRING FL

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME ALTVATER, MARY R
STREET ADDRESS 3547 E. ALTVATER ROAD
CITY-ST-ZIP AVON PARK FL

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-15-96

Date

(941) 885-5139

Daytime Phone #

CR2E037 (12/95)