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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 3:43

DOCUMENT # 740960 (0)

1. Corporation Name

JUNIOR WOMAN'S CLUB OF ST. AUGUSTINE, INC.

Principal Place of Business	Mailing Address
3840 JOE ASHTON ROAD ST. AUGUSTINE FL 32092 US	3840 JOE ASHTON ROAD ST. AUGUSTINE FL 32092 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/06/1977
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1817881 ☐ Applied For ☐ Not Applicable

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

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

TIMMONS, SUSAN
109 FERROL RD
ST. AUGUSTINE FL 32084

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: Susan Timmons 3/1/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	1.1 TITLE	VD	☒ Change ☐ Addition
NAME	BURCHFIELD, ROBIN	1.2 NAME		
STREET ADDRESS	237 SEGOVIA RAOD	1.3 STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE FL	1.4 CITY-ST-ZIP		
TITLE	PD	2.1 TITLE		☐ Change ☐ Addition
NAME	LUCERO, RENEE	2.2 NAME	Delete	
STREET ADDRESS	3840 JOE ASHTON RD	2.3 STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE FL	2.4 CITY-ST-ZIP		
TITLE	VD	3.1 TITLE		☐ Change ☐ Addition
NAME	TIMMONS, SUSAN	3.2 NAME		
STREET ADDRESS	109 FERROL ROAD	3.3 STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE FL	3.4 CITY-ST-ZIP		
TITLE	SD	4.1 TITLE		☒ Change ☐ Addition
NAME	WALTER, DENISE	4.2 NAME	Krista Slaven	
STREET ADDRESS	10 W. OCEAN WOODS DRIVE	4.3 STREET ADDRESS	3 B st #B	
CITY-ST-ZIP	ST. AUGUSTINE FL	4.4 CITY-ST-ZIP		
TITLE	VD	5.1 TITLE	PD	☒ Change ☐ Addition
NAME	HOLISTER, MICHELLE	5.2 NAME		
STREET ADDRESS	203 B STREET	5.3 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	TD	☐ Change ☒ Addition
NAME		6.2 NAME	Sue Zitsman	
STREET ADDRESS		6.3 STREET ADDRESS	50 Cargossa St	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	St Aug FL 32084	

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: Susan Timmons Susan Timmons 3/1/95 (904) 824-8142
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0028840