

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **743526** (6)

1. Corporation Name

**CLEWISTON BUSINESS AND PROFESSIONAL WOMEN'S CLUB  
, INC.**

Principal Place of Business

**615 RIDGEVIEW CIRCLE  
P. O. BOX 791  
CLEWISTON FL 33440  
US**

Mailing Address

**P O BOX 791  
CLEWISTON FL 33440  
US**



3. Date Incorporated or Qualified

**07/11/1978**

3a. Date of Last Report

**05/01/1995**

4. FEI Number

**59-1849406**

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

**SHADE, ANITA Y  
615 RIDGEVIEW CIRCLE  
CLEWISTON FL 33440**

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

10. Name and Address of New Registered Agent

81

Name

**ROSE MARY PINTO**

82

Street Address (P.O. Box Number is Not Acceptable)

**617 W. HAITI**

83

84

City

**Clewiston**

**FL**

85

Zip Code  
**33440**

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

**Rose Mary Pinto**  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**6-17-96**  
DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE  
NAME **CHOBIN, NITA**  
STREET ADDRESS **204 SAN GABRIEL**  
CITY-ST-ZIP **CLEWISTON, FL 0**

TITLE **VD** ☐ DELETE  
NAME **JAMES, JUANITA**  
STREET ADDRESS **1200 CAROLINA AVE**  
CITY-ST-ZIP **CLEWISTON, FL 0**

TITLE **VP** ☐ DELETE  
NAME **PINTO-ROSE-MARY**  
STREET ADDRESS **617 W HAITI**  
CITY-ST-ZIP **CLEWISTON FL**

TITLE **TD** ☐ DELETE  
NAME **SHADE, ANITA Y**  
STREET ADDRESS **615 RIDGEVIEW CIRCLE**  
CITY-ST-ZIP **CLEWISTON, FL 0**

TITLE **SD** ☐ DELETE  
NAME **BROWN, CONNIE**  
STREET ADDRESS **720 BOWDEN RD**  
CITY-ST-ZIP **CLEWISTON, FL 0**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1

TITLE

1.2

NAME

1.3

STREET ADDRESS

1.4

CITY-ST-ZIP

2.1

TITLE

2.2

NAME

2.3

STREET ADDRESS

2.4

CITY-ST-ZIP

3.1

TITLE

3.2

NAME

3.3

STREET ADDRESS

3.4

CITY-ST-ZIP

4.1

TITLE

4.2

NAME

4.3

STREET ADDRESS

4.4

CITY-ST-ZIP

5.1

TITLE

5.2

NAME

5.3

STREET ADDRESS

5.4

CITY-ST-ZIP

6.1

TITLE

6.2

NAME

6.3

STREET ADDRESS

6.4

CITY-ST-ZIP

**PD**

**CHOBIN, NITA**

**204 SAN GABRIEL**

**CLEWISTON FL, 33440**

**VD**

**JAMES, JUANITA**

**1200 CAROLINA AVE.**

**CLEWISTON, FL 33440**

**VP**

**ROSE-MARY PINTO**

**617 W. HAITI**

**CLEWISTON FL, 33440**

**TD**

**PINTO, ROSE-MARY**

**617 W. HAITI**

**CLEWISTON FL, 33440**

**SD**

**WEILAND, LINDA**

**611 Ridgeview Circle**

**CLEWISTON, FL, 33440**

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:

**Rose Mary Pinto**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6-17-96**  
Date

**983-9880**  
Daytime Phone #

CR2E037 (3/96)