


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 743526 (6)

1. Corporation Name

CLEWISTON BUSINESS AND PROFESSIONAL WOMEN'S CLUB
, INC.

Principal Place of Business

Mailing Address

617 W. HAITI
P. O. BOX 791
CLEWISTON FL 33440
US

P O BOX 791
CLEWISTON FL 33440
US

3. Date Incorporated or Qualified

07/11/1978

4. FEI Number

59-1849406

Applied For

Not Applicable

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

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8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PINTO, ROSE MARY
617 W HAITI
CLEWISTON FL 33440

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME WEILAND, LINDA
STREET ADDRESS 611 RIDGEVIEW CIRCLE
CITY-ST-ZIP CLEWISTON FL 33440
☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE VD
NAME PERRY, LAURA
STREET ADDRESS P.O. BOX 145 N/A
CITY-ST-ZIP CLEWISTON FL 33440
☒ DELETE

2.1 TITLE VD
2.2 NAME Karen Botelle
2.3 STREET ADDRESS 635 Old American Blvd
2.4 CITY-ST-ZIP Palm City FL 34990
☒ Change ☐ Addition

TITLE VP
NAME FOUNTAIN, ROBIN
STREET ADDRESS RT 1 BOX 82
CITY-ST-ZIP CLEWISTON FL
☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE TD
NAME PINTO, ROSE-MARY
STREET ADDRESS 617 W HAITI
CITY-ST-ZIP CLEWISTON, FL 0
☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE SD
NAME HORN, KATHLEEN
STREET ADDRESS P.O. BOX 932 N/A
CITY-ST-ZIP CLEWISTON FL 33440
☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing 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: *Rose Mary Pinto* Rose-Mary Pinto 7-17-98 941-983-9880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)