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

APPROVED AND FILED

95 APR 18 PM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 743669 (4)

1. Corporation Name

WOMAN'S CLUB OF TARPON SPRINGS, FLORIDA, INC.

Principal Place of Business	Mailing Address
C/O MRS. ELFIA ROBINSON 2402 DOLPHIN CIRCLE TARPON SPRINGS FL 34689	C/O MRS. ELFIA ROBINSON 2402 DOLPHIN CIRCLE TARPON SPRINGS FL 34689

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/21/1978
3a. Date of Last Report: 03/07/1994
4. FEI Number: 59-2344426 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	
21 c/o Mrs Barbara Wood	26 c/o Mrs Barbara Wood	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
22 1696 Silverwood St.	27 1696 Silverwood St.	
City & State	City & State	
23 Tarpon Springs FL.	28 Tarpon Springs FL	
Zip / Country	Zip / Country	
24 34689 / 25 Pinellas	29 34689 / 30 Pinellas	

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	10. Name and Address of New Registered Agent
~~ROBINSON, MRS. ELFIA R~~ ~~2402 GREEN DOLPHIN CIRCLE~~ ~~TARPON SPRINGS FL 34689~~ Wood, Mrs. Barbara 1696 Silverwood St. Tarpon Springs, FL 34689	81 Name: Barbara Wood 82 Street Address (P.O. Box Number is Not Acceptable): 1696 Silverwood St 83 84 City: Tarpon Springs FL 85 Zip Code: 34689

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: Barbara W. Wood — Barbara W. Wood President — 3/9/95
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	D	1.1 TITLE	D	☒ Change ☐ Addition
NAME	BAKTIS, MARGARET	1.2 NAME	Marjorie Rosquist	
STREET ADDRESS	509 WAYFARER DR	1.3 STREET ADDRESS	3214 Salisbury Dr.	
CITY-ST-ZIP	TARPON SPRINGS FL	1.4 CITY-ST-ZIP	Holiday, FL 34691	
TITLE	P	2.1 TITLE	D	☒ Change ☐ Addition
NAME	SCUTT, JUDITH	2.2 NAME		
STREET ADDRESS	1404 RIVERSIDE DR	2.3 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPGS FL	2.4 CITY-ST-ZIP	34689	
TITLE	D	3.1 TITLE	D	☒ Change ☐ Addition
NAME	ROBINSON, ELFIA	3.2 NAME	Mary Lou Vreeland	
STREET ADDRESS	2402 DOLPHIN CIRCLE	3.3 STREET ADDRESS	4805 US A19 N #117	
CITY-ST-ZIP	TARPON SPGS FL	3.4 CITY-ST-ZIP	Palm Harbor, FL 34683	
TITLE	D	4.1 TITLE	T	☒ Change ☐ Addition
NAME	HOPE, GLORIA	4.2 NAME	Alice Tyson	
STREET ADDRESS	900 PENINSULA	4.3 STREET ADDRESS	1028 Marsh View La.	
CITY-ST-ZIP	TARPON SPGS FL	4.4 CITY-ST-ZIP	Tarpon Springs, FL 34689	
TITLE	S	5.1 TITLE		☒ Change ☐ Addition
NAME	BRANDL, MILDRED	5.2 NAME		
STREET ADDRESS	100 GRAND BLVD #109	5.3 STREET ADDRESS	761 Lighthouse Dr.	
CITY-ST-ZIP	TARPON SPRINGS FL	5.4 CITY-ST-ZIP	Tarpon Springs, FL 34689	
TITLE	T	6.1 TITLE	P	☒ Change ☐ Addition
NAME	WOOD, BARBARA	6.2 NAME		
STREET ADDRESS	1696 SILVERWOOD ST	6.3 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL	6.4 CITY-ST-ZIP	34689	

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: Alice M Tyson — Alice M Tyson — 4/10/95 — 813-934-5961
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

608309