SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 13 AM 9:23

DOCUMENT # **748352** **(2)**

1. Corporation Name
MONTICELLO WOMAN'S CLUB

Principal Place of Business	Mailing Address
975 E PEARL STREET P.O.BOX 176 MONTICELLO FL 32344	975 E PEARL STREET P.O.BOX 176 MONTICELLO FL 32344

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/03/1979**
3a. Date of Last Report: **04/18/1994**
4. FEI Number: **59-2031428** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has liability for filing this tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

BIRD, T. BUCKINGHAM
220 S. CHERRY ST.
MONTICELLO FL 32344

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	11 TITLE	☒ Change ☐ Addition
NAME	JOINER, SANDY M	12 NAME	
STREET ADDRESS	P.O. BOX 74 N/A	13 STREET ADDRESS	180 Coopers Pond Road
CITY-ST-ZIP	MONTICELLO FL 32344	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	BERRY, LOTTIE	22 NAME	
STREET ADDRESS	P. O. BOX 534 N/A	23 STREET ADDRESS	
CITY-ST-ZIP	MONTICELLO FL	24 CITY-ST-ZIP	
TITLE	PD	31 TITLE	☐ Change ☐ Addition
NAME	DUKES, SHARON	32 NAME	
STREET ADDRESS	P. O. BOX 309 N/A	33 STREET ADDRESS	
CITY-ST-ZIP	MONTICELLO FL	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	COX, JANE	42 NAME	
STREET ADDRESS	P. O. BOX 60 N/A	43 STREET ADDRESS	
CITY-ST-ZIP	MONTICELLO, FL 00000	44 CITY-ST-ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	NOWELL, MARY	52 NAME	
STREET ADDRESS	RT. 2, BOX 255-F	53 STREET ADDRESS	
CITY-ST-ZIP	MONTICELLO FL	54 CITY-ST-ZIP	
TITLE	S	61 TITLE	☐ Change ☐ Addition
NAME	BISHOP, DOROTHY	62 NAME	
STREET ADDRESS	P. O. BOX 26 N/A	63 STREET ADDRESS	
CITY-ST-ZIP	MONTICELLO FL	64 CITY-ST-ZIP	

CR2E037 (3/95)

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 9 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sandy M. Joiner SANDY M. JOINER 6-6-95 904-997-2691
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002903