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NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT #**

(2)

FILED Feb 12 1998 8:00am Secretary of State

MONTICELLO WOMAN'S CLUB Principal Place of Business 875 E PEARL STREET PLOBOL 178 WOMNCELLO F. 32344 Making Address 28	11 55,55,50											
Principal Prace of Business Maling Address \$5 EPARL STREET PO BOX 178 MONTICELLO FL 32344 2. Principal Prace of Business 3. Date Incorporated or Qualified 08/03/1979 4. FEI Number 5. Conflicture of Status Desired 5. Control Principal	MONTICELLO WOMAN'S CLUB							İ				
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BIRD, T. BUCKINGHAM 220 S. CHERRY ST. MONTICELLO FL 32344 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 85 City FL 85 Zip Code 86 City FL 86 Zip Code 87 City FL 86 Zip Code 88 City FL 86 Zip Code 89 City FL 86 Zip Code 80 City FL 86 Zip Code 81 City FL 86 Zip Code 81 City FL 86 Zip Code 82 Street Address (P.O. Box Number is Not Acceptable) 82 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 86 Zip Code 85 Zip Code 86 City FL 86 Zip Code 86 City FL 86 Zip Code 87 City FL 86 Zip Code 88 City FL 86 Zip Code 89 Zip Code 80 Zip Code 8	Zip	Country	y .	Zip				8.	This corporation owes or has	paid the curr		
BIRD, T. BUCKINGHAM 220 S. CHERRY ST. MONTICELLO FL 32344 11. Pursuant to the provisions of Socions 617 0502 and 617 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registored 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, and tan familiar with, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE Signature, byred or printed name of registered agent and title if applicable PTD OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PTD DELETE 1.1 TITLE PTD DELETE 1.2 AND FL PON L R N FL PON R 758 (NA) MONTICELLO FL 32344 INCIT-SI-JP MONTICELLO FL 32344 INCIT-SI-JP MONTICELLO FL 32344 INTEL AMBIERT ADDRESS RT 2, BOX 220 MONTICELLO FL 32344 INTEL AMBIERT ADDRESS STREET ADDRESS RT 2, BOX 220 MONTICELLO FL 32344 INTEL AMBIERT ADDRESS STREET ADDRESS STREE	24 323				30	5Er	PER					No
BIRD, T. BUCKINGHAM 220 S. CHERRY ST. MONTICELLO FL 32344 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 opporation submits this statement for the purpose of changing its 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, and the registered agent and their septicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PTO INTE BERRY, LOTTIE BERRY, LOTTIE DELETE 12. INTIE PTO ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. INTIE PO A 758 (MA) 13. SIREET ADORESS P.O. BOX 534 (M/A) 13. SIREET ADORESS PO A 758 (MA) MONTICELLO FL 32344 14. CITY-ST-ZIP ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PO A 758 (MA) 13. SIREET ADORESS PO A 758 (MA) 14. CITY-ST-ZIP ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PO A 758 (MA) 13. SIREET ADORESS MONTICE LUC FL 323445 14. CITY-ST-ZIP Change Addition Addition Addition Addition Addition Addition DELETE 22. WINE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PO A 758 (MA) 13. SIREET ADORESS MONTICE LUC FL 323445 MONTICE LUC FL 323445 MONTICE LUC FL 323445 MONTICE LUC FL 32344 TITLE 24. CITY-ST-ZIP DELETE 3.1 TITLE 24. CITY-ST-ZIP ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 24. CITY-ST-ZIP ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 24. CITY-ST-ZIP ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 24. CITY-ST-ZIP ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 24. CITY-ST-ZIP ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECT		9. Name and Addres	ss of Current Reg	istered Agent			_ 	10.	Name and Address of New	Registered A	gent	
220 S. CHERRY ST. MONTICELLO FL 32344 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and lateral with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature. hybrid or privided name of registered agent and life if applicable. PTD OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PTD DELETE 1.1 TITLE PTD DELETE 1.2 NAME SERRY, LOTTIE 1.2 NAME SERRY, LOTTIE 1.3 SIREET ADDRESS CITY-S1-2P MONTICELLO FL 323445 TITLE VPTD DELETE 2.1 TITLE VPTD DELETE 2.1 TITLE VPTD DELETE 3.1 TITLE VPTD D						[81]	Name					
## City FL 85 Zip Code	· ·					82	Street	Address (P.	O. Box Number is Not Accept	table)		
11. Pursuant to the provisions of Sections 617 0502 and 617 1506, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as 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 em familiar with, and accept the obligations of, Section 617 0503, Florida Statutes. SIGNATURE Signature, hyerd or printed name of registered agent and title if applicable (MOTE Registered Agent signature required when remasting) DATE 12. OF FICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PTO DELETE 1.1 ITILE PTO DELETE 1.2 MAME STREET ADDRESS CITY-ST-ZIP MONTICELLO FL 32344 1.4 CITY-ST-ZIP MONTICELLO FL 32345 TITLE VPTD DELETE 2.2 MAME CAITWOOD, LOUISE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MONTICELLO FL 32344 DELETE 2.3 STREET ADDRESS CITY-ST-ZIP MONTICELLO FL 32344 DELETE 3.1 TITLE VPTD DELETE 3.1 TITLE COTTIE BERRY Change Addition Addition Addition Addition Addition P.O. BOX 534 (N/A) 3.3 STREET ADDRESS CITY-ST-ZIP MONTICELLO FL 32345 DELETE 4.1 TITLE STREET ADDRESS CITY-ST-ZIP MONTICELLO FL 32345 TITLE STREET ADDRESS CITY-ST-ZIP MONTICELLO FL 32345 DELETE 4.1 TITLE STREET ADDRESS CITY-ST-ZIP MONTICELLO FL 32345 DELETE 4.1 TITLE STREET ADDRESS CITY-ST-ZIP MONTICELLO FL 32345 DELETE 4.1 TITLE COTTIE BERRY Change Agent signature required when remasting) ADDRESS R 2. BOX 220 TD Addition Addition Addition Addition ADDRESS R 3. BOX 134-1	MONTICELLO FL 32344					63						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent algent algenial required when remaining) DATE							,				1 .	
Signature, typed or pristed rapid agent and little if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PTO MAME BERRY, LOTTIE STREET ADDRESS P.O. BOX 534 (N/A) ITILE VPTO MONTICELLO FL 32344 ITILE VPTO DELETE 1.1 TITLE VPTO MONTICELLO FL 32344 IACITY-ST-ZIP MONTICELLO FL 32344 ITILE STREET ADDRESS RT 2, BOX 220 MONTICELLO FL 32344 ITILE 2VP TITLE 2VP DELETE 3.1 TITLE 4.1 CITY-ST-ZIP MONTICELLO FL 32344 C.4 CITY-ST-ZIP DELETE 3.1 TITLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TO N L R N E (P) Change Addition Addition Addition Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TO N L R N E (P) Change Addition Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE SA NOT I C E L L O, F L 32345 TITLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TO N L R N E (P) Change Addition Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TO N L R N E (P) Change Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TO N L R N E (P) Change Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TO N L R N E (P) Change Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONS AND DIRECTORS IN 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONS AND DIRECTORS	11. Pursuant office or ragent. I a	to the provisions of Sect egistered agent, or both m familiar with, and acco	ions 617.0502 and , in the State of Fic ept the obligations	l 617.1508, Florida Stat orida. Such change war of, Section 617.0503, I	utes, the s author Florida S	above ized by Statutes	e-named the corp s.	corporation poration's b	n submits this statement for the coard of directors. I hereby ac	e purpose of cept the appo	changing i	ts registered registered
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PTD BERRY, LOTTIE STREET ADDRESS CITY-ST-ZIP MONTICELLO FL 32344 TITLE VPTD CAITWOOD, LOUISE STREET ADDRESS CITY-ST-ZIP MONTICELLO FL 32344 TITLE LANE, TONI DELETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS AND MONTICELLO FL 32345 1.4 CITY-ST-ZIP MONTICELLO FL 32345 TITLE SANDY NABY CAITWOOD, LOUISE STREET ADDRESS RT 2, BOX 220 DELETE 3.1 TITLE LANE, TONI STREET ADDRESS CITY-ST-ZIP MONTICELLO FL 32344 DELETE 3.1 TITLE LANE, TONI STREET ADDRESS CITY-ST-ZIP MONTICELLO FL 32345 TITLE NAME CURRY, LINDA STREET ADDRESS RT 3, BOX 134-1 STREET ADDRESS RT 3, BOX 134-1	SIGNATURE .	Slonature, typed or printed name	ol registered agont and	litio if applicable (N	OTE: Regis	lered Apr	ont signature	required when	reinstating)	DATE		
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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.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

BARD, BETTY

RT 1, BOX 7-C

OUZTS, AMANGA

RR 2, BOX 219-H

MONTICELLO FL 32344

TITLE

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

DELETE

FL 32344

BARd

OUZTS

S/RETTY

AMANDA

RT1, BOX 7-C

RT2-BOX 219H