

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 752977 (9)

1. Corporation Name

THE SEMINOLE COUNTY FEDERATION OF WOMEN'S CLUBS, INC.



Principal Place of Business

Mailing Address

511 W. PLANTATION BLVD.
LAKE MARY FL 32746
US

511 W. PLANTATION BLVD.
LAKE MARY FL 32746
US

3. Date Incorporated or Qualified
06/16/1980

3a. Date of Last Report
04/07/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip 25 Country

29 Zip 30 Country

4. FEI Number

59-2996498

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GRIFFITH, HELEN
511 W. PLANTATION BLVD.
LAKE MARY FL 32746**

81 Name

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

83

84 City

4000001804374

05/02/96-01015-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

TITLE	P	<input type="checkbox"/> DELETE
NAME	GRIFFITH, HELEN	
STREET ADDRESS	511 W. PLANTATION BLVD.	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BABITT, OLIVE	
STREET ADDRESS	460 COCHRAN RD	
CITY-ST-ZIP	GENEVA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KRASNOFF, KATHY	
STREET ADDRESS	7470 COLONIAL CT.	
CITY-ST-ZIP	SANFORD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WICKES, WINIFRED	
STREET ADDRESS	1400 GUINEVERE DR.	
CITY-ST-ZIP	CASSELBERRY FL	
TITLE	RS	<input type="checkbox"/> DELETE
NAME	OSGOOD, ANABEL	
STREET ADDRESS	484 WINDMEADOWS	
CITY-ST-ZIP	ALTAMONTE SPGS. FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSON, RUTH	
STREET ADDRESS	177 NORTHMOOR RD.	
CITY-ST-ZIP	CASSELBERRY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Griffith, Helen	
1.3 STREET ADDRESS	511 W. Plantation Blvd.	
1.4 CITY-ST-ZIP	Lake Mary, FL 32746	
2.1 TITLE	P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Babitt, Olive	
2.3 STREET ADDRESS	460 Cochran Rd	
2.4 CITY-ST-ZIP	Geneva, FL 32762	
3.1 TITLE	D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Krasnoff, Kathy	
3.3 STREET ADDRESS	343 Monroe Road	
3.4 CITY-ST-ZIP	Sanford, FL 32771	
4.1 TITLE	D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Wickes, Winifred	
4.3 STREET ADDRESS	1400 Guinevere Dr.	
4.4 CITY-ST-ZIP	Casselberry, FL 32707	
5.1 TITLE	RS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Osgood, Anabel	
5.3 STREET ADDRESS	484 Windmeadows	
5.4 CITY-ST-ZIP	Altamonte Spgs, FL 32701	
6.1 TITLE	D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Mary Bachelon	
6.3 STREET ADDRESS	907 Red Bird Lane	
6.4 CITY-ST-ZIP	Altamonte Spgs, FL 32701	

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: *Helen Griffith, Treas* (Helen Griffith)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-1596(407)323-3038

CR2E037 (12/95)

5/2/96