


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 32746-2530
US**

3. Date Incorporated or Qualified **06/16/1980** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. **26** Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip **25** Country

28 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

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

Helen Griffith **3-24-97**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

T ☐ DELETE
NAME **GRIFFITH, HELEN**
STREET ADDRESS **511 W. PLANTATION BLVD.**
CITY-ST-ZIP **LAKE MARY FL**

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

P ☐ DELETE
NAME **BABITT, OLIVE**
STREET ADDRESS **460 COCHRAN RD**
CITY-ST-ZIP **GENEVA FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

D ☐ DELETE
NAME **KRASNOFF, KATHY**
STREET ADDRESS **7470 COLONIAL CT.**
CITY-ST-ZIP **SANFORD FL**

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

D ☐ DELETE
NAME **WICKES, WINIFRED**
STREET ADDRESS **1400 GUINEVERE DR.**
CITY-ST-ZIP **CASSELBERRY FL**

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

RS ☐ DELETE
NAME **OSGOOD, ANABEL**
STREET ADDRESS **484 WINDMEADOWS**
CITY-ST-ZIP **ALTAMONTE SPGS. FL**

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

D ☐ DELETE
NAME **JOHNSON, RUTH**
STREET ADDRESS **177 NORTHMOOR RD.**
CITY-ST-ZIP **CASSELBERRY FL**

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

14. I do 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:

Helen Griffith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-97

Date

Daytime Phone # **0013955**

CR2E037 (9/96)