

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 8:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 756624 (3)

1. Corporation Name

WOMAN'S CLUB OF TALLAHASSEE, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1500 FERNANDO DR.
P.O. BOX 743
TALLAHASSEE FL 32302

1500 FERNANDO DR
P.O. BOX 743
TALLAHASSEE FL 32302

3. Date Incorporated or Qualified

03/04/1981

3a. Date of Last Report

05/01/1994

4. FEI Number

59-0659978

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

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. # etc.

Suite, Apt. # etc.

22

27

City & State

City & State

23

28

ZIP

Country

ZIP

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EUBANKS, LILA MRS
3528 CARRINGTON PLACE
TALLAHASSEE FL 32303

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 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:

(Signature of Agent or Registered Agent and the Agent or Agent)

(Signature of Registered Agent or Agent or Agent)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 NAME	PD EUBANKS, LILA
12.2 STREET ADDRESS	3528 CARRINGTON RD
12.3 CITY, ST, ZIP	TALLAHASSEE FL
12.4 TITLE	VD
12.5 NAME	EVERHART, MARGARET
12.6 STREET ADDRESS	916 IVANHOE RD
12.7 CITY, ST, ZIP	TALLAHASSEE FL
12.8 TITLE	VD
12.9 NAME	BURNS, MARY ANN
12.10 STREET ADDRESS	2809 STERLING DR
12.11 CITY, ST, ZIP	TALLAHASSEE FL
12.12 TITLE	SD
12.13 NAME	BEASLEY, MARY
12.14 STREET ADDRESS	912 CHESTWOOD AVE
12.15 CITY, ST, ZIP	TALLAHASSEE FL
12.16 TITLE	SD
12.17 NAME	SALTER, HELEN
12.18 STREET ADDRESS	2206 DUNWOOD RIDE
12.19 CITY, ST, ZIP	TALLAHASSEE FL
12.20 TITLE	TD
12.21 NAME	MORROW, JERRY
12.22 STREET ADDRESS	7006 CIRCLE J ROAD
12.23 CITY, ST, ZIP	TALLAHASSEE FL

13.1 TITLE	PD	☒ Change ☐ Addition
13.2 NAME	Mary Ann Burns	
13.3 STREET ADDRESS	2809 Sterling Drive	
13.4 CITY, ST, ZIP	Tallahassee, FL 32312	
13.5 TITLE	1st VP	☒ Change ☐ Addition
13.6 NAME	Ann Boyd	
13.7 STREET ADDRESS	2210 Monagham Drive	
13.8 CITY, ST, ZIP	Tallahassee, FL 32308	
13.9 TITLE	2nd VP	☒ Change ☐ Addition
13.10 NAME	Charlene Culley	
13.11 STREET ADDRESS	1850 Myrick Road	
13.12 CITY, ST, ZIP	Tallahassee, FL 32303	
13.13 TITLE	RSD	☒ Change ☐ Addition
13.14 NAME	Mary Farrell	
13.15 STREET ADDRESS	738 Riggins Road	
13.16 CITY, ST, ZIP	Tallahassee, FL 32308	
13.17 TITLE	CSD	☒ Change ☐ Addition
13.18 NAME	Shirley Krishef	
13.19 STREET ADDRESS	3214 Sharer Road	
13.20 CITY, ST, ZIP	Tallahassee, FL 32312	
13.21 TITLE	Treasurer	☒ Change ☐ Addition
13.22 NAME	Lisa Harris	
13.23 STREET ADDRESS	2925 Ivanhoe Road	
13.24 CITY, ST, ZIP	Tallahassee, FL 32312	

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 110.07(3)(b), 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 executor 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 of this report, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

EXPIRATION DATE