

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 30 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 # **756624** (3)

1. Corporation Name

WOMAN'S CLUB OF TALLAHASSEE, INC.



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 32302-0743

3. Date Incorporated or Qualified
03/04/1981

3a. Date of Last Report
01/25/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-0659978

Applied For
 Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing
 Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

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

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 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

Elizabeth Harris

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VP** ☐ DELETE
 NAME **GULLEY, CHARLENE**
 STREET ADDRESS **1850 MYRICK RD**
 CITY - ST - ZIP **TALLAHASSEE FL**

1.1 TITLE **D** ☒ Change ☐ Addition
 1.2 NAME **Culley, Charlene**
 1.3 STREET ADDRESS **7849 Maclean Rd**
 1.4 CITY - ST - ZIP **Tal. FL 32312**

TITLE **VP** ☒ DELETE
 NAME **BOYD, ANN**
 STREET ADDRESS **2210 MONAGHAM DR**
 CITY - ST - ZIP **TALLAHASSEE FL**

2.1 TITLE **D** ☐ Change ☒ Addition
 2.2 NAME **Wp. Beth Lee, Beth**
 2.3 STREET ADDRESS **6950 Bradfordville Rd**
 2.4 CITY - ST - ZIP **Tal FL 32308**

TITLE **PD** ☒ DELETE
 NAME **BURNS, MARY ANN**
 STREET ADDRESS **2809 STERLING DR**
 CITY - ST - ZIP **TALLAHASSEE FL**

3.1 TITLE **D** ☐ Change ☒ Addition
 3.2 NAME **Recording Sec, Mitchell, Mary**
 3.3 STREET ADDRESS **3801 Shamrock W**
 3.4 CITY - ST - ZIP **Tal FL 32308**

TITLE **RSD** ☒ DELETE
 NAME **FARRELL, MARY**
 STREET ADDRESS **738 RIGGINS RD**
 CITY - ST - ZIP **TALLAHASSEE FL**

4.1 TITLE **D** ☐ Change ☒ Addition
 4.2 NAME **Conesp. Sec, Smailey, Tim**
 4.3 STREET ADDRESS **3640 Moody Tr.**
 4.4 CITY - ST - ZIP **Tal FL 32308**

TITLE **CSD** ☒ DELETE
 NAME **KRISHEF, SHIRLEY**
 STREET ADDRESS **3214 SHARER RD**
 CITY - ST - ZIP **TALLAHASSEE FL**

5.1 TITLE **D** ☐ Change ☒ Addition
 5.2 NAME **Pres, Core-michael, Anne**
 5.3 STREET ADDRESS **3313 Remington Run**
 5.4 CITY - ST - ZIP **Tal FL 32302**

TITLE **T** ☐ DELETE
 NAME **HARRIS, LISA**
 STREET ADDRESS **2925 IVANHOE RD**
 CITY - ST - ZIP **TALLAHASSEE FL**

6.1 TITLE **D** ☐ Change ☐ Addition
 6.2 NAME **900002074359**
 6.3 STREET ADDRESS **-01/31/97--01007--009**
 6.4 CITY - ST - ZIP *****61.25**

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, as changed, or on an attachment with an address.

SIGNATURE:

Elizabeth Harris

Elizabeth HARRIS 1/30/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0000019

CR2E037 (9/96)