Applied For

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 756624

WOMAN'S CLUB OF TALLAHASSEE, INC.

Principal Place of Business 1500 FERNANDO DR. P.O. BOX 743 TALLAHASSEE FL 32302

Suite, Apt. #, etc.

2. Principal Place of Business

1500 FERNANDO DR

Mailing Address

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

2a. Mailing Address

Suite, Apt. #, etc.

P O BOX 16101

FILED Jul 27, 1999 8:00 am Secretary of State

07-27-1999 90007 007 ****61.25



3. Date Incorporated or Qualifed

03/04/1981

4. FEI Number

22		27			59-0659978	Not	Applicable	
City & Sta		City & State			.5. Certificate of Status Desired	\$8.75 A		
	HASSEE FL							
Zip	Country	Zip	Country		6. Election Campaign Financing	\$5.00 Added to	,	
24 32302	25	29 32317-6101 30	<u> </u>		Trust Fund Contribution 10. Name and Address of New Register		rees	
	9. Name and Address of Curren	nt Registered Agent	81	Name	10. Name and Address of New Registe	saa waa		
			81	Name				
EUBANKS, LILA MRS				82 Street Address (P.O. Box Number is Not Acceptable)				
3528 CARRINGTON PLACE								
TALLAHA:	SSEE FL 32303		83	Į				
			84	Citv		85 Zip C	Code	
				,		FL		
office or i	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was auth tions of, Section 617.0503, Florida	orized by a Statutes	the corpor	orporation submits this statement for the purposation's board of directors. I hereby accept the a	ippointment as reg	registered gistered	
12.				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	D	☐ DELETE 1.			P	Change	Addition	
NAME	BEVIS-REESE, CHARLENE		1.2 NAME				ļ	
STREET ADDRESS	70.00 AMOUTANI DD		1.3 STREET	STREET ADDRESS				
CITY-ST-ZIP			1.4 CITY-ST-ZIP					
TITLE	D	☐ DELETE 2.1		-	Т	Change	Addition	
NAME	LEE. BETH	22			•			
STREET ADDRESS			2.3 STREET	ADDRESS				
CITY-ST-ZIP			2.4 CITY-S	ST-ZIP				
TITLE	D	DELETE 3:			V	Change	Addition	
NAME	T		3.2 NAME		•		^	
STREET ADDRESS			3.3 STREET	CADDRESS	HURST, JEAN			
			3.4. CITY- S	l	1801 SKYLAND DRIVE			
CITY-ST-ZIP TITLE	794		4.1 TITLE		TALLAHASSEE FL 32324	Change	X Addition	
NAME			4. 2 NAME		D		ł	
STREET ADDRESS			4.3 STREET	ADDRESS	HUGGINS, LIBBY		į	
CITY-ST-ZIP			4.4 CITY-S	[527 TEAL LANE]	
TITLE	D	₩ DELETE	5.1 TITLE	-	TALLAHASSEE, FL 32325	☐ Change	Addition	
NAME	CORE-MICHAEL, ANNE	Α.	5.2 NAME		KESTNER, JEAN			
STREET ADDRESS			5.3 STREET	ADDRESS	801 LAUREL STREET		ľ	
CITY-ST-ZIP			5.4 CITY-S	T-ZIP				
TITLE	D	▼ DELETE	6.1 TITLE	- +	TALLAHASSEE FL 32325	Change	Addition	
NAME	HARRIS, LISA	-	6.2 NAME			_ ,	-	
STREET ADDRESS			6.3 STREET	ADORESS 1				
,	TALLAHASSEE FL	•	6.4 CITY-S	i	•			
CITY-ST-ZIP		ab ab a filt - do			n Section 119 07(3)(i) Florida Statutes, I furthe	r cortific that the in	formation	

mercup certury triat 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, with all other like empowered.

SIGNATURE:

SICT BEHALURE REQUIRED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR