FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR -2 PM 4:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 759677 (8)

1. Corporation Name

THE DAVIE WOMAN'S CLUB

Principal Place of Business	Mailing Address
6551 ORANGE DR DAVIE FL 33314 US	5391 SW 58 AVE DAVIE FL 33314 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/19/1981
3a. Date of Last Report: 02/21/1994
4. FEI Number: 59-3170679 ☐ 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. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

THOMSON, JANET
5391 SW 58 AVE
DAVIE FL 33314

10. Name and Address of New Registered Agent

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: Janet Thomson — Janet Thomson — 2/21/95
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	CSD
NAME	WUNDERLICH, HELEN
STREET ADDRESS	10351 S.W. 45 STREET
CITY-ST-ZIP	DAVIE FL
TITLE	SD
NAME	TRUTWIN, JUDITH
STREET ADDRESS	3 CHESTNUT CIR
CITY-ST-ZIP	COOPER CITY FL
TITLE	VD
NAME	WARD, MARSHA
STREET ADDRESS	4720 SW 61 AVE
CITY-ST-ZIP	DAVIE FL
TITLE	PD
NAME	ZIGLER, MARTHA
STREET ADDRESS	4340 SW 67 TERRACE
CITY-ST-ZIP	DAVIE, FLORIDA 33314
TITLE	TD
NAME	THOMSON, JANET
STREET ADDRESS	5391 SW 58 AVE
CITY-ST-ZIP	DAVIE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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: Janet Thomson JANET THOMSON 2/21/95 (305) 985-2920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000442a