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 MAY 10 PM 6:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

DOCUMENT # 764614 (4)

1. Corporation Name
MARIANNA JUNIOR WOMAN'S CLUB, INC.

Principal Place of Business	Mailing Address
CALEDONIA ST PO BOX 6 MARIANNA FL 32447	CALEDONIA ST PO BOX 6 MARIANNA FL 32447

3. Date Incorporated or Qualified: 08/18/1982
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-0242468 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)

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

9. Name and Address of Current Registered Agent

SWEARINGEN, GLENDA F., ESQ.
4431 LAFAYETTE ST
MARIANNA FL 32447

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: _____ (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	PD	11 TITLE	President D	☑ Change ☐ Addition
NAME	INGRAM, MARY	12 NAME	LARKIN, Stacy	
STREET ADDRESS	3112 HIGHWAY 71 NORTH	13 STREET ADDRESS	3020 3rd ST	
CITY-ST-ZIP	MARIANNA FL	14 CITY-ST-ZIP	Marianna, Fl	
TITLE	VD	21 TITLE	Vice President D	☑ Change ☐ Addition
NAME	LARKIN, STACY	22 NAME	Deanna Williams	
STREET ADDRESS	3020 3RD STREET	23 STREET ADDRESS	2930 Hwy 69	
CITY-ST-ZIP	MARIANNA FL	24 CITY-ST-ZIP	Grand Ridge, Fl	
TITLE	VD	31 TITLE	Secretary D	☑ Change ☐ Addition
NAME	PELT, NATALIE	32 NAME	Beth Basford	
STREET ADDRESS	4653 CLAYTON DR	33 STREET ADDRESS	6281 Shug Rd	
CITY-ST-ZIP	MARIANNA FL	34 CITY-ST-ZIP	Greenwood, Fl	
TITLE	TD	41 TITLE	Treasurer D	☑ Change ☐ Addition
NAME	ERBACHER, BONNIE	42 NAME	Mary Skipper	
STREET ADDRESS	2751 APALACHEE TRAIL	43 STREET ADDRESS	4395 Deering ST	
CITY-ST-ZIP	MARIANNA FL	44 CITY-ST-ZIP	Marianna, Fl	
TITLE	SD	51 TITLE		☐ Change ☐ Addition
NAME	BASFORD, ELIZABETH	52 NAME		
STREET ADDRESS	6281 SHUG ROAD	53 STREET ADDRESS		
CITY-ST-ZIP	GREENWOOD FL	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

4/10

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)(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: Bonnie K Erbacher 4-30-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0020047