FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # 765653 (1)

1. Corporation Name
THE PERRY WOMAN'S CLUB, INC.

Principal Place of Business	Mailing Address
502 N. JEFFERSON ST. P.O. BOX 711 PERRY FL 32347	502 N. JEFFERSON ST. P.O. BOX 711 PERRY FL 32347

3. Date Incorporated or Qualified: 11/03/1982	3a. Date of Last Report: 04/12/1995
4. FEI Number: 59-2346187	☐ 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
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 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

WALKER, ALMA R.
708 E. MARGURITE STREET
PERRY FL 32347

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 800001858828
-07/03/96--01022--020

84 City ***61.25 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PARKER, IRIS PO BOX 726 NA PERRY FL	☒ DELETE	1.1 TITLE P/D 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	President Barbara Burns 582 E. Ash St. Perry, Fla 32347	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CENTNER, DIANE PO BOX 1359 NA PERRY FL	☒ DELETE	2.1 TITLE VP/D 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Vice President Sharron Dorman Rt 5, Box 420 Perry, Fla 32347	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DORMAN, SHARRON RT 5, BOX 420 PERRY FL	☒ DELETE	3.1 TITLE VP/D 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	2nd Vice President Eunice Ratliff ~~PO Box 1073~~ 313 Glenridge Road Perry, Fla 32347	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FOWLER, MARILYN RT 4, BOX 531 PERRY FL	☐ DELETE	4.1 TITLE S 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Recording Secretary Marilyn Fowler RT 4, Box 531 Perry, Fla 32347	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T EVELEE D. PARKER 104 WORLEY WAY PERRY FL	☒ DELETE	5.1 TITLE T 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Treasurer Berta Floyd 1220 Parkview perry, Fla 32347	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RS RATLIFF, EUNICE PO BOX 1073 NA PERRY FL	☒ DELETE	6.1 TITLE RS 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	Corresponding Secretary Inez Cone Rt 3, Box 579 Perry, Fla 32347	☒ Change ☐ Addition

CR2E037 (12/95)

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: Evelee D Parker Evelee D. Parker, Treas. 5/6/96 904 584 7732
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CS 7/2/96