**FILE NOW: FILING FEE IS $61.25**

FILED
Apr 21 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 # **765653** **(1)**

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

| Principal Place of Business | Mailing Address |
|---|---|
| 502 N. JEFFERSON ST.<br>P.O. BOX 711<br>PERRY FL 32347 | 502 N. JEFFERSON ST.<br>P.O. BOX 711<br>PERRY FL 32347-2512 |

3. Date Incorporated or Qualified: 11/03/1982
3a. Date of Last Report: 07/02/1996

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

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

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
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 _____ 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 | PD | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | BURNS, BARBARA | | 1.2 NAME | | |
| STREET ADDRESS | 582 E. ASH ST | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | PERRY FL 32347 | | 1.4 CITY-ST-ZIP | | |
| TITLE | VPD | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | DORMAN, SHARRON | | 2.2 NAME | | |
| STREET ADDRESS | RT 5, BOX 420 | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | PERRY FL 32347 | | 2.4 CITY-ST-ZIP | | |
| TITLE | VPD | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | RATLIFF, EUNICE | | 3.2 NAME | | |
| STREET ADDRESS | 313 GLENRIDGE ROAD | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | PERRY FL 32347 | | 3.4 CITY-ST-ZIP | | |
| TITLE | S | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | FOWLER, MARILYN | | 4.2 NAME | | |
| STREET ADDRESS | RT 4, BOX 531 | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | PERRY FL 32347 | | 4.4 CITY-ST-ZIP | | |
| TITLE | T | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | FLOYD, BERTA | | 5.2 NAME | | |
| STREET ADDRESS | 1220 PARKVIEW | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | PERRY FL 32347 | | 5.4 CITY-ST-ZIP | | |
| TITLE | RS | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | CONE, INEZ | | 6.2 NAME | | |
| STREET ADDRESS | RT 3, BOX 579 | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | PERRY FL 32347 | | 6.4 CITY-ST-ZIP | | |

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 if changed, or on an attachment with an address.

SIGNATURE _____ 4/11/97 (904) 584-7939

CR2E037 (9/96)