FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State
05-06-1999 90264 015 ****61.25

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DOCUMENT # 765653

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

2. Principal Place of Business 21	2a. Mailing Address 26 P. O. Box 711	3. Date Incorporated or Qualifed 11/03/1982
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2346187 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 Perry, FL	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 32348 Country 30 U.S.A.	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

RATLIFF, EUNICE
313 GLENRIDGE ROAD
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	RATLIFF, EUNICE		1.2 NAME		
STREET ADDRESS	313 GLENRIDGE ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	PERRY FL 32347		1.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SANDERS, BRENDA		2.2 NAME		
STREET ADDRESS	RTE 1 BOX 736		2.3 STREET ADDRESS		
CITY-ST-ZIP	PERRY FL 32347		2.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BYERS, JUNE		3.2 NAME		
STREET ADDRESS	315 N QUINCY ST		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	BURNS, BARBARA		5.2 NAME		
STREET ADDRESS	582 E ASH ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	PERRY FL 32347		5.4 CITY-ST-ZIP		
TITLE	CS	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HARRIS, KAREN R		6.2 NAME		
STREET ADDRESS	RT 4 BOX 318-5		6.3 STREET ADDRESS		
CITY-ST-ZIP	PERRY FL 32347		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: Barbara Burns SIGNATURE REQUIRED RT Barbara Burns 4/29/99 850 584-8106
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #