2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State
05-15-2000 90215 012 ****61.25

DOCUMENT # 765653

1. Entity Name

THE PERRY WOMAN'S CLUB, INC.

Principal Place of Business	Mailing Address
502 N. JEFFERSON ST. P.O. BOX 711 PERRY FL 32347	P.O. BOX 711 PERRY FL 32348-0711

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2346187 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RATLIFF, EUNICE 313 GLENRIDGE ROAD PERRY FL 32347	Name: Burns, Barbara Jo Street Address (P.O. Box Number is Not Acceptable): 582 East Ash Street RXXXX City: Perry **FL** Zip Code: 32347

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: Barbara Jo Burns Barbara Jo Burns 4/27/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RATLIFF, EUNICE 313 GLENRIDGE ROAD PERRY FL 32347	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Burns, Barbara Jo 582 E. Ash St. Perry, FL 32347	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SANDERS, BRENDA RTE 1 BOX 736 PERRY FL 32347	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Byers, June 315 N. Quincy St. Perry, FL 32347	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BYERS, JUNE 315 N QUINCY ST PERRY FL 32347	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Virginia Sessions 300 O'Steen Rd Perry, FL 32347	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FOWLER, MARILYN RT 4, BOX 531 PERRY FL 32347	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Odom, Lois 1935 W. Gas Plant Rd Perry, FL 32347	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BURNS, BARBARA 582 E ASH ST PERRY FL 32347	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Joyal, Nancy 3475 Quail St. Perry, FL 32347	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CS HARRIS, KAREN R RT 4 BOX 318-5 PERRY FL 32347	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CS Summerlin, Marjorie 3608 Azalea Dr. Perry, FL 32347	☑ Change ☐ Addition

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Barbara Jo Burns Barbara Jo Burns 4/27/00 850 584-8106
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #