

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91893 047 *****61.25

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

80111434

DOCUMENT # 765653 1. Entity Name THE PERRY WOMAN'S CLUB, INC.					
Principal Place of Business 502 N. JEFFERSON ST. P.O. BOX 711 PERRY, FL 32347 US			Mailing Address P.O. BOX 711 PERRY, FL 32348 US		
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		
BURNS, BARBARA JO 682 E ASH STREET PERRY, FL 32347			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when resigning)					
FILE NOW! FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make Check Payable to: Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PPD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	BURNS, BARBARA JO		NAME		
STREET ADDRESS	682 E ASH STREET		STREET ADDRESS		
CITY-STATE-ZIP	PERRY, FL 32347		CITY-STATE-ZIP		
TITLE	VPD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	KNOBLOCK, PHYLLIS		NAME		
STREET ADDRESS	2800 WOODS CREEK ROAD		STREET ADDRESS		
CITY-STATE-ZIP	PERRY, FL 32347		CITY-STATE-ZIP		
TITLE	VPD	☒ Delete	TITLE	☐ Change ☒ Addition	
NAME	LANDRUM, BRENDA		NAME	VPD, Nancy	
STREET ADDRESS	1507 BILL ADAMS RD		STREET ADDRESS	3475 Quail Street	
CITY-STATE-ZIP	PERRY, FL 32347		CITY-STATE-ZIP	Perry, FL 32347	
TITLE	S	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MOORE, MADELINE		NAME		
STREET ADDRESS	210 PINELAND RD		STREET ADDRESS		
CITY-STATE-ZIP	PERRY, FL 32348		CITY-STATE-ZIP		
TITLE	T	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	SPARKMAN, ERNESTINE		NAME	Sparkman, Ernestine	
STREET ADDRESS	108 PARK PLACE (POB 1383)		STREET ADDRESS	108 Elizabeth Lane	
CITY-STATE-ZIP	PERRY, FL 32348		CITY-STATE-ZIP	Perry, FL 32347	
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	BYERS, JUNE		NAME		
STREET ADDRESS	315 N QUINCY ST		STREET ADDRESS		
CITY-STATE-ZIP	PERRY, FL 32347		CITY-STATE-ZIP		
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: <u>Ernestine Sparkman</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <u>1/14/03</u>		
			Cayman Phone #: <u>850/878-8777</u>		

CH2037 (10/02)