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

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1997

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HURRAH WOMAN'S CLUB, INC.

FILED											
Feb 11 1997 8:00am	Ì										
Secretary of State											

HUHHAH WUMAN'S CLUB, INC.																
Principal Place	of Busines	s		Mailing Add	ress					1 (6 ) (1 ) (1 )						
111 ALAFIA ROAD RT 2 BOX 49 BOWLING GREEN FL 33834 US				ROUTE 2 BOX 49 BOWLING GREEN FL 33834-8902					3.	. Date Incorpo 01/20/	rated or Qual	lified	3a. [	Date of Las <b>02/13/</b> *		
2. Principal Pi	ace of Busin	ness		2a. Mailing A	Address				4.	FEI Number			Щ			ied For
21			2	6						59 <del>-6</del> 61	5434					Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5.	. Certificate of	Status Desire	ed	Ø		5 Ad	ditional
City & State	•		2	City & State						. Election Cam	naine Einene				<u>-</u>	
23			2	28					6.	Trust Fund C		ing			OM OU ed to	ay Be Fees
Zip		Country		Zip Cou						. This corporat	tion has liabili	ity for	intangib			
24		25		9		30				Florida Statut				□ No		
9. Name and Address of Current Registered Agent									10.	. Name and A	ddress of Ne	∍w Re	egistered	1 Agent		
1100011						Ľ	31	Name								
MORGAN		3				ε	32	Street Ac	Address (F	P.O. Box Numb	oer is Not Acc	ceptal	ble)			
ROUTE 1, BOX 262 LITHIA FL 33547							33									
GII (IA) I (	L 00071					_		0.								
							34	City					FI	L  85   Z	ip Co	de
office or re	egistered ac	ions of Sections gent, or both, in t ith, and accept t	he State of Fi	lorida. Such c	change was	authorized	þν	the corpor	corporatio oration's t	on submits this board of direct	statement for tors. I hereby	the pacce	purpose pt the ap	of changing opointment	g its r as re	registered gistered
SIGNATURE _	Sizostive tunori	or printed name of re-	nictored agent and	tilla il applicable	(NO)	TE: Registered /	Ágor	nt eignature re	required wher	o remetation)			DATE			
12.	Signature, typou		ERS AND DI		(140	13.	-ge	it signature rei		ADDITIONS/C	HANGES TO	OFFI		1D DIRECT	ORS	IN 12
TITLE	PD				DELETE	1.1 TITL	E							☐ Chang	<b>j</b> e	Addition
NAME		n, ollie				1,2 NAM	4E									
STREET ADDRESS		1, BOX 262				1.3 STR	EET /	ADDRESS								
CITY-ST-ZIP	<u>LITHIA F</u>	<u>-L</u>			DOUGTE	1.4 CITY	_	r-ZIP								T A Administra
TITLE	VD Beasle	V CHE		_	DELETE	2.1 TITL		1						Chang	je i	☐ Addition
NAME STREET ADDRESS		161 N/A				2 2 NAM		ADDRESS								
CITY-ST-ZIP	LITHIA F					2.4 CIT		į								
TITLE	SD	<del></del>			DELETE	3.1 TITL								☐ Chang	<b>J</b> 0	Addition
NAME		RS, KAY				3.2 NAM	4E									
STREET ADDRESS		1, BOX 265-0				3.3 STR	EET A	ADDRESS								
CITY-ST-ZIP	<u>LITHIA F</u>	<u>- L</u>			T 44, 44,	3.4. CIT		T-ZIP		· · · · ·						
TITLE	TD	EMID LAHIDA		L	_] DELETE	4.1 TITU		1						L Chang	je	Addition
NAME Street Address	RT 2. B	END, LAURA				4, 2 NA1		ADDRESS								
CITY-ST-ZIP		IG GREEN FL				4.4 CITY		ł								
TITLE	DOTTER	O WILLIAM			DELETE	5.1 TITL		- 211						Chang	je l	Addition
NAME						5 2 NAN	1E									
STREET ADDRESS						5 3 STR	EET /	ADDRESS								
CITY-ST-ZIP					4	5.4 City	'-ST	- ZIP								
TITLE				L.	DELETE	6.1 TITL		1						L Chang	je	Addition
NAME						6.2 NAM								•		
STREET ADDRESS								ADDRESS								
14. I do hereb	y certify tha	at the information	supplied with	h this filing do	pes not qual	6.4 CITY lify for the e	xer	nption stat	ated in Se	ection 119.07(3	B)(i), Florida S	Statute	es. I furth	er certify th	nat th	e
Informatio	n Indicated : Ificer or dire	on this annual rector of the corpored Block 13 if cha	port or suppleration or the	lemental annu receiver or tru	ual report is ustee empoy	true and ac wered to ex	cui	rate and th	that my si	ignature shali l	have the sam	e lega	al effect a	as if made	unde	r oath; that

December 201 Carrier 101

7/11/00