FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995** 5 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

E 6815 NC

APPROVED AND FILED
15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 768214 (9)

1. Corporation Name

EBONY WOMAN'S CLUB, INC.

Principal Place of Business	Mailing Address
OLIVER ST. POB 1243 CROSS CITY FL 32628	OLIVER ST POB 1243 CROSS CITY FL 32628

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/02/1983**
3a. Date of Last Report: **06/16/1994**
4. FEI Number: **59-2364451** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HOLLIS, SALLY MAE
CENTER ST.
CROSS CITY FL 32628

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Sally Mae Hollis* 5/16/95
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	TAYLOR, MARY RUTH G.	12 NAME	
STREET ADDRESS	FRANKLIN AVE POB 815 N/A	13 STREET ADDRESS	
CITY-ST-ZIP	CROSS CITY FL	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	HOLLIS, SALLY MAE	22 NAME	
STREET ADDRESS	CENTER ST PO BOX 111 N/A	23 STREET ADDRESS	
CITY-ST-ZIP	CROSS CITY FL	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, HEDIE BELL	32 NAME	
STREET ADDRESS	CHESS HALL AVE POB393 NA	33 STREET ADDRESS	
CITY-ST-ZIP	CROSS CITY,FL 00000	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	WASHINGTON, ARMANDA	42 NAME	
STREET ADDRESS	OLIVER ST PO BOX 162 N/A	43 STREET ADDRESS	
CITY-ST-ZIP	CROSS CITY,FL 00000	44 CITY-ST-ZIP	
TITLE	T	51 TITLE	☐ Change ☐ Addition
NAME	DAWSON, ELIZABETH	52 NAME	
STREET ADDRESS	OLIVER ST PO BOX 162 N/A	53 STREET ADDRESS	
CITY-ST-ZIP	CROSS CITY FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	SMITH, WILLMONTEEN R.	62 NAME	
STREET ADDRESS	DIXIE ST PO BOX 638 NA/	63 STREET ADDRESS	
CITY-ST-ZIP	CROSS CITY FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: *Elizabeth Dawson* Elizabeth Dawson 5/16/95 (904)498-1333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0030069