

FILE NOW: FILING FEE IS \$61.25

FILED  
May 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

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 32628-1243

3. Date Incorporated or Qualified **05/02/1983** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number **59-2364451** Applied For ☐ Not Applicable ☐

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

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOLLIS, SALLY MAE  
CENTER ST.  
CROSS CITY FL 32628**

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

*Sally Mae Hollis*

*Sally Mae Hollis*

**5-2-97**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **TAYLOR, MARY RUTH G.**  
CITY-ST-ZIP **FRANKLIN AVE POB 815 N/A  
CROSS CITY FL**

TITLE ☐ DELETE  
NAME **PD**  
STREET ADDRESS **HOLLIS, SALLY MAE**  
CITY-ST-ZIP **CENTER ST PO BOX 111 N/A  
CROSS CITY FL**

TITLE ☐ DELETE  
NAME **SD**  
STREET ADDRESS **JOHNSON, HEDIE BELL**  
CITY-ST-ZIP **CHESS HALL AVE POB393 NA  
CROSS CITY, FL 00000**

TITLE ☐ DELETE  
NAME **T**  
STREET ADDRESS **DAWSON, ELIZABETH**  
CITY-ST-ZIP **OLIVER ST PO BOX 162 N/A  
CROSS CITY FL**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **SMITH, WILLMONTEEN R.**  
CITY-ST-ZIP **DIXIE ST PO BOX 638 NA/  
CROSS CITY FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: *Elizabeth Dawson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/07/97 (352) 498-1333**

Date

Daytime Phone #0011826

CR2E037 (9/96)