FILE NOW: FILING FEE AFTER MAY 1 IS $55.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 11:00

DOCUMENT # **770052** **(9)**

1. Corporation Name

WOMAN'S CLUB OF WILTON MANORS, INC.

Principal Place of Business	Mailing Address
% EDWIN R. RUMIN 600 NORTHEAST 21ST. COURT WILTON MANORS FL 33305	% EDWIN R. RUMIN 600 NORTHEAST 21ST. COUR WILTON MANORS FL 33305

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 08/31/1983
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1104211 ☐ 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
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

RUMIN, EDWARD R.
2500 N. FEDERAL HWY. #201
FT LAUDERDALE FL 33305

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1 TITLE	☐ Change ☐ Addition
NAME	LEAVER, LOUOMA	1 NAME	
STREET ADDRESS	5201 NE 32ND AVE	1 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	1 CITY-ST-ZIP	
TITLE	VP	2 TITLE	☐ Change ☐ Addition
NAME	VENGROWSKY, LEE	2 NAME	
STREET ADDRESS	6000 NE 22ND WAY / #50	2 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	2 CITY-ST-ZIP	
TITLE	VP	3 TITLE	VP ☐ Change ☐ Addition
NAME	MILLER, SHIRLEY	3 NAME	GWEN THOMPSON
STREET ADDRESS	2017 NE 21ST CT	3 STREET ADDRESS	2012 N E 4 AVE
CITY-ST-ZIP	WILTON MANORS FL	3 CITY-ST-ZIP	WILTON MANORS, FL 33305
TITLE	VP	4 TITLE	VP ☒ Change ☐ Addition
NAME	BAUGHMAN, YVONNE	4 NAME	Houston, Marian
STREET ADDRESS	1107 NW 15TH CT	4 STREET ADDRESS	2224 NE 19 Ave.
CITY-ST-ZIP	FT LAUDERDALE FL	4 CITY-ST-ZIP	Fort Lauderdale, FL 33305
TITLE	CS	5 TITLE	CS ☒ Change ☐ Addition
NAME	ROBERTS, CHARLOTTE	5 NAME	Nolan, Sophie
STREET ADDRESS	1310 SW 28TH ST	5 STREET ADDRESS	671 SW 6 St., Apt. 404 1
CITY-ST-ZIP	FT LAUDERDALE FL	5 CITY-ST-ZIP	Pompano Beach, FL 33060
TITLE	T	6 TITLE	☒ Change ☐ Addition
NAME	GARRO, BETTY	6 NAME	REPRINTED BY MAIL
STREET ADDRESS	119 NE 19TH CT / #G-111	6 STREET ADDRESS	
CITY-ST-ZIP	WITON MANORS FL	6 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)(k), 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: Louoma T Leaver Apr 1 21/95 (305) 565 4493
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Louoma T. Leaver, President

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