

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **L13398**

(7)

1. Corporation Name

**WELLINGTON SITTERS CLUB, INC.**

Principal Place of Business

% **LILLIANE M. AGEE**  
P.O. BOX 816  
LOXAHATCHEE FL 33470

Mailing Address

% **LILLIANE M. AGEE**  
P.O. BOX 816  
LOXAHATCHEE FL 33470-0816

FILED

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FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA



3. Date Incorporated or Qualified  
**08/31/1989**

3a. Date of Last Report  
**06/04/1996**

4. FEI Number

**65-0145147**

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

**AGEE, LILIANE M.**  
**334 WOOD DALE DRIVE**  
**WEST PALM BEACH FL 33414**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**600002263716--3**

**-08/11/97--01144--017**

**\*\*\*\*165.00 \*\*\*\*165.00**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PVD** ☐ DELETE  
NAME **AGEE, LILIANE M.**  
STREET ADDRESS **334 WOOD DALE DRIVE**  
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **ST** ☐ DELETE  
NAME **AGEE, LILIANE M.**  
STREET ADDRESS **334 WOOD DALE DRIVE**  
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE **L. AgEE**

**8-4-97 (561-791-1374)**

CR2E034 (9/96)

# Wellington Sitters Club, Inc.

P.O. Box 816 • Loxahatchee, Florida 33470 • (407) 793-1743



August 5, 1997

Florida Department of State  
PO Box 1500  
Tallahassee, FL 33202-1500

To: Division of Corporations

Enclosed please find a check for the amount of \$165.00. For the past few months, I have been dealing with my mother's cancer situation, and have been unable to really sit down and get caught up on my correspondence. I was unaware that my deadline to refile had expired.

Our organization, the Wellington Sitters Club is a small company that focuses on teenagers in the area by education them and guiding them into the working field. The Wellington Sitters Club is fortunate if it generates \$500 in six months, so you can imagine how I panicked when I realized that the fee was \$550.

I have been filing since 1989, and this is the first time that I have ever been so late in refilling. I am in hopes that you will motion the late fee, and I apologize for the delay. Please do not hesitate to call me or write to me so I may know what your decision has been regarding my account.

With every good wish,

Liliane M. Agee,  
President/Founder WSCI

Enclosure: Check