FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 PM 1:58

DOCUMENT # N07853 (7)

1. Corporation Name
CEDAR KEY WOMAN'S CLUB, INC.

Principal Place of Business	Mailing Address
HWY 24 (P.O. BOX 631) CEDAR KEY FL 32625	HWY 24 (P.O. BOX 631) CEDAR KEY FL 32625

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/26/1985
3a. Date of Last Report: 02/02/1994
4. FEI Number: 59-2354508 ☐ Applied For ☐ Not Applicable
2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22 / 27
City & State 23 / 28
Zip 24 / Country 25 / Zip 29 / Country 30
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

CREASMAN, FRANCES
12 HODGES AVE.
CEDAR KEY FL 32625

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: Frances P Creasman — January 27, 1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	CREASMAN, FRANCES	1.2 NAME	
STREET ADDRESS	12 HODGES AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CEDAR KEY FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	1st V.P. ☒ Change ☐ Addition
NAME	DELAINO, MARY ANN	2.2 NAME	Betty Maloney
STREET ADDRESS	900 SEVENTH STREET	2.3 STREET ADDRESS	200 SUNCREST Ave
CITY-ST-ZIP	CEDAR KEY FL	2.4 CITY-ST-ZIP	Cedar Key FL 32625
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	RUNFT, GERALDINE (2ND)	3.2 NAME	
STREET ADDRESS	13 CEDAR KEY SHORES EXT	3.3 STREET ADDRESS	
CITY-ST-ZIP	CEDAR KEY FL	3.4 CITY-ST-ZIP	
TITLE	SD C.	4.1 TITLE	☐ Change ☐ Addition
NAME	ROGERS, LUILLE	4.2 NAME	
STREET ADDRESS	550 SECOND ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CEDAR KEY FL	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	☐ Change ☐ Addition
NAME	THORSEN, HELEN	5.2 NAME	
STREET ADDRESS	16 WHITMAN	5.3 STREET ADDRESS	
CITY-ST-ZIP	CEDAR KEY FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	CARUSO JOANNE	6.2 NAME	
STREET ADDRESS	2 RYE KEY CIRCLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	CEDAR KEY FL	6.4 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: Frances P Creasman — 01/27/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000011