FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

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

3. Date Incorporated or Qualified: 02/26/1985
3a. Date of Last Report: 02/01/1995

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:

4. FEI Number: 59-2354508 ☐ 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**

CREASMAN, FRANCES
~~12 HODGES AVE.~~ 16550 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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CREASMAN, FRANCES ~~12 HODGES AVE.~~ CEDAR KEY FL	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☒ Change ☐ Addition 16550 Hodges Ave. Cedar Key Fl. 32625
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MALONEY, BETTY ~~200 SUNCREST AVE~~ CEDAR KEY FL 32625	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition 1242 SHELLCREST Ave.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD RUNFT, GERALDINE (2ND) ~~13 CEDAR KEY SHORES EXT~~ CEDAR KEY FL	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition GENERAL DELIVERY CEDAR KEY, Fl. 32625
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SDC ROGERS, LUILLE 550 SECOND ST. CEDAR KEY FL	☒ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD THORSEN, HELEN ~~16 WESTMAN~~ CEDAR KEY FL	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition 12151 - S.W. 165th TERRACE CEDAR KEY, Fl. 32625
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARUSO, ~~JOANNE~~ ~~2 DYE KEY CIRCLE~~ CEDAR KEY FL	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition CARUSO, JOE ANN 12050 - SW. 164th TERRACE CEDAR KEY, Fl. 32625

CR2E037 (12/95)

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: Frances P. Creasman 02/15/96 904 543 5312
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #