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Jan 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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 32625-0631

3. Date Incorporated or Qualified: 02/26/1985
3a. Date of Last Report: 02/19/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 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
16550 HODGES AVENUE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CREASMAN, FRANCES		1.2 NAME		
STREET ADDRESS	16550 HODGES AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	CEDAR KEY FL		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MALONEY, BETTY		2.2 NAME		
STREET ADDRESS	1242 SHELLCREST AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	CEDAR KEY FL		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	RUNFT, GERALDINE (2ND)		3.2 NAME		
STREET ADDRESS	GENERAL DELIVERY		3.3 STREET ADDRESS		
CITY-ST-ZIP	CEDAR KEY FL		3.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	4.1 TITLE	Treasurer	☒ Change ☐ Addition
NAME	THORSEN, HELEN		4.2 NAME	Rena W. Harris	
STREET ADDRESS	12151 SW 165TH TERRACE		4.3 STREET ADDRESS	S.W. 6th Place	
CITY-ST-ZIP	CEDAR KEY FL		4.4 CITY-ST-ZIP	Cedar Key, Florida 32625	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CARUSO, JOE ANN		5.2 NAME		
STREET ADDRESS	12050 SW 164TH TERRACE		5.3 STREET ADDRESS		
CITY-ST-ZIP	CEDAR KEY FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: FRANCES P.C. REASMAN Frances P. Creasman 1/30/97