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FILED

May 20 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N09787 (5)

1. Corporation Name

NEW EDITION WOMEN'S CLUB INCORPORATED

Principal Place of Business

Mailing Address

% THERESA HENDERSON  
2112 WINGER AVENUE  
HAINES CITY FL 33844% THERESA HENDERSON  
2112 WINGER AVENUE  
HAINES CITY FL 33844-9118

3. Date Incorporated or Qualified

06/17/1985

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HENDERSON, THERESA  
2112 WINGER AVENUE  
HAINES CITY FL 33844

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

Theresa Henderson Theresa Henderson

DATE

4/27/97

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 D ☐ DELETENAME HENDERSON, RENAE  
STREET ADDRESS 1705 HORIZON WAY  
CITY - ST - ZIP BARTOW FL1.1 TITLE ☐ Change ☐ Addition

NAME HENDERSON, RENAE

STREET ADDRESS 1705 HORIZON WAY

CITY - ST - ZIP BARTOW FL

CITY - ST - ZIP BARTOW FL

TITLE D ☐ DELETENAME WRIGHT, ZORA  
STREET ADDRESS 132 WHITEHALL STREET  
CITY - ST - ZIP DAVENPORT FL2.1 TITLE ☐ Change ☐ Addition

NAME WRIGHT, ZORA

STREET ADDRESS 132 WHITEHALL STREET

CITY - ST - ZIP DAVENPORT FL

CITY - ST - ZIP DAVENPORT FL

TITLE D ☐ DELETENAME DENNARD, LINDA  
STREET ADDRESS 1804 ANGLE AVENUE  
CITY - ST - ZIP HAINES CITY FL3.1 TITLE ☐ Change ☐ Addition

NAME DENNARD, LINDA

STREET ADDRESS 1804 ANGLE AVENUE

CITY - ST - ZIP HAINES CITY FL

CITY - ST - ZIP HAINES CITY FL

TITLE DS ☐ DELETENAME HENDERSON, THERESA  
STREET ADDRESS 2112 WINGER AVENUE  
CITY - ST - ZIP HAINES CITY FL4.1 TITLE ☐ Change ☐ Addition

NAME HENDERSON, THERESA

STREET ADDRESS 2112 WINGER AVENUE

CITY - ST - ZIP HAINES CITY FL

CITY - ST - ZIP HAINES CITY FL

TITLE D ☐ DELETENAME LEWIS, VIRGINIA  
STREET ADDRESS 1239 AVENUE I  
CITY - ST - ZIP HAINES CITY FL5.1 TITLE ☐ Change ☐ Addition

NAME LEWIS, VIRGINIA

STREET ADDRESS 1239 AVENUE I

CITY - ST - ZIP HAINES CITY FL

CITY - ST - ZIP HAINES CITY FL

TITLE D ☐ DELETENAME BURGESS, ANNETTE M.  
STREET ADDRESS 807 N 5TH ST  
CITY - ST - ZIP HAINES CITY FL6.1 TITLE ☐ Change ☐ Addition

NAME BURGESS, ANNETTE M.

STREET ADDRESS 807 N 5TH ST

CITY - ST - ZIP HAINES CITY FL

CITY - ST - ZIP HAINES CITY FL

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:

Theresa Henderson Theresa Henderson

Date

4/27/97

Daytime Phone # 0053728

CR2E037 (9/96)