1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N09787

1. Corporation Name

## **NEW EDITION WOMEN'S CLUB INCORPORATED**

Principal Place of Business
% THERESA HENDERSON
2112 WINGER AVENUE
HAINES CITY FL 33844

Mailing Address

% THERESA HENDERSON 2112 WINGER AVENUE HAINES CITY FL 33844

## FILED May 10, 1999 8:00 am § Secretary of State

05-10-1999 90047 005 \*\*\*\*70.00



2. Principal Pl	lace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed				
21					06/17/1985				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number	<u></u>	lied For		
22					NOT APPLI		Applicable		
City & State	y & State City & State				5. Certifcate of Status Desired			\$8.75 Additional Fee Required	
Zip	Country Zip Cour			,	6. Election Campaign Financing S5.00 May Be			May Be	
24	25 29 30				Trust Fund Contribution Added to Fees				
	9. Name and Address of Current		10. Name and Address of New Registered Agent						
			81	Name				ļ	
HENDERSON, THERESA				82 Street Address (P.O. Box Number is Not Acceptable)					
2112 WINGER AVENUE				<del> </del>					
HAINES CITY FL 33844				Ì				}	
			84	City		F	B5 Zip C	ode	
11 Purpose 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 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/CHA	ANGES TO OFFICERS A	AND DIRECTO	RS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE				Change	☐ Addition	
NAME	HENDERSON, RENAE		1.2 NAME	4	Leoni Scott	٠. ١٥ .		}	
STREET ADDRESS	1705 HORIZON WAY		1.3 STREE	TADORESS	dall March C				
CITY-ST-ZIP	BARTOW FL	1	1,4 CITY-5	1	Haines City, Fi	L 33844			
TITLE	D.,	☐ DELETE	2.1 TITLE	ĺ			Change	☐ Addition	
NAME	WRIGHT, ZORA		2.2 NAME		Daniels, 2010			ľ	
STREET ADDRESS	132 WHITEHALL STREET	i.	2.3 STREE	TADDRESS					
CITY-ST-ZIP	DAVENPORT FL		2, 4 CITY-	ST-ZIP					
TITLE	D	DELETE	3.1 TfTLE	1	D		[] Change	Addition	
NAME	DENNARD, LINDA		3.2 NAME	ł	Alice Shephero	$\iota$			
STREET ADDRESS	1804 ANGLE AVENUE	l	3.3 STREE	TADORESS	2413 Citrus B	ivel			
CITY-ST-ZIP	HAINES CITY FL		3.4. CITY-	ST-ZIP	Haines City	FL 33844			
TITLE	DS	☐ DELETE	4.1 TITLE				[] Change	☐ Addition	
NAME.	HENDERSON, THERESA		4. 2 NAME	\				\	
STREET ADDRESS	2112 WINGER AVENUE		4.3 STREE	TADDRESS					
CITY-ST-ZIP	HAINES CITY FL	i	4,4 CITY-5	ST-ZIP					
TITLE	D	☐ DELETE	5.1 TITLE	1			[] Change	Addition	
NAME	LEWIS, VIRGINIA		5.2 NAME	1					
STREET ADDRESS	1239 AVENUE		5.3 STREE	T ADDRESS				ĺ	
	HAINES CITY FL		5.4 CITY-	ST-ZIP					
TITLE	D	☐ DELETE	6.1 TITLE				Change	☐ Addition	
NAME	BURGESS, ANNETTE M.		6.2 NAME						
STREET ADDRESS	807 N 5TH ST	!	6.3 STREE	T ADDRESS					
000 01 70	HAINER CITY EI		64 CITY-5	T-ZIP					

14. I 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, with all other like empowered.

SIGNATURE: There SIGHEADUSE By Colors

4/25/99

(941) 422-7695

CR2E037 (11/98)