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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 3:37

DOCUMENT # N17632 (3)

1. Corporation Name
CITRUS HILLS WOMEN'S CLUB, INC.

Principal Place of Business	Mailing Address
P. O .BOX 1494 HERNANDO FL 32642	P. O .BOX 1494 HERNANDO FL 32642

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/03/1986
3a. Date of Last Report: 05/23/1994
4. FEI Number: 59-2952634 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21 P.O. BOX 1494
22 Suite, Apt. #, etc.
23 City & State: HERNANDO FL
24 Zip: 34442 25 Country:

2a. Mailing Address
26 P.O. Box 1494
27 Suite, Apt. #, etc.
28 City & State: HERNANDO FL
29 Zip: 34442 30 Country:

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

MANHECK, VIRGINIA
660 E. KELLER CT.
HERNANDO FL 34442

10. Name and Address of New Registered Agent

01 Name: NASH, JUNE
02 Street Address (P.O. Box Number is Not Acceptable): 796 E. IRELAND CT.
03
04 City: HERNANDO, FL 05 Zip Code: 34442

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: June C. Nash — Feb 15, 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	~~PRES.~~ PD	☒ Change ☐ Addition
NAME	MANHECK, VIRGINIA	1.2 NAME	NASH, JUNE	
STREET ADDRESS	660 E. KELLER ST.	1.3 STREET ADDRESS	796 E. IRELAND CT.	
CITY-ST-ZIP	HERNANDO FL 34442	1.4 CITY-ST-ZIP	HERNANDO, FL 34442	
TITLE	VD	2.1 TITLE	~~VICE~~ VD	☒ Change ☐ Addition
NAME	NASH, JUNE	2.2 NAME	CUMMINS, JUDY	
STREET ADDRESS	796 E. IRELAND CT.	2.3 STREET ADDRESS	745 E. JENKINS CT	
CITY-ST-ZIP	HERNANDO FL 34442	2.4 CITY-ST-ZIP	HERNANDO, FL 34442	
TITLE	TD	3.1 TITLE	~~TREAS.~~ TD	☒ Change ☐ Addition
NAME	TRAVIS, ROSE S	3.2 NAME	KODIS, EVA K.	
STREET ADDRESS	305 E. GLASSBORO CT.	3.3 STREET ADDRESS	781 W. PEARSON ST.	
CITY-ST-ZIP	HERNANDO FL 34442	3.4 CITY-ST-ZIP	HERNANDO, FL 34442	
TITLE	SD	4.1 TITLE	~~SECT.~~ SD	☒ Change ☐ Addition
NAME	WEIR KEMP, JOAN	4.2 NAME	BROWN, SANDY	
STREET ADDRESS	246 W. LIBERTY ST.	4.3 STREET ADDRESS	160 GRANDVIEW ST.	
CITY-ST-ZIP	HERNANDO FL 34442	4.4 CITY-ST-ZIP	HERNANDO, FL 34442	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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: June C. Nash — Feb 15, 1995 — 904 527-0032
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone

0044614