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
95 JAN 25 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N20442 (2)

1. Corporation Name
OAKLAND PARK WOMAN'S CLUB

Principal Place of Business	Mailing Address
3721 NE 13TH AVENUE OAKLAND PARK FL 33334	P.O. BOX 23694 OAKLAND PARK FL 33334 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/01/1987
3a. Date of Last Report: 02/28/1994
4. FEI Number: 16-0643615 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 3721 N.E. 13th ave,	26 P.O. Box 23694
Suite, Apt. #, etc. 22 —	Suite, Apt. #, etc. 27 —
City & State 23 Oakland Park, Fla.	City & State 28 Oakland Park, Fla.
Zip / Country 24 33334 / 25 Broward	Zip / Country 29 33334 / 30 Broward

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	10. Name and Address of New Registered Agent
WEAVER, MARY A. 750 SE 3RD AVENUE SUITE 200 FT. LAUDERDALE FL 33316	01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 03 04 City FL 05 Zip Code

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: Mary A. Weaver — 1-19-95
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	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	ZAVOLA, FORSTER (PRES)	1.2 NAME	
STREET ADDRESS	1789 N.W. 35TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	OAKLAND PARK FL	1.4 CITY-ST-ZIP	
TITLE	DVP	2.1 TITLE	☐ Change ☐ Addition
NAME	KING, MILDRED (2ND VP)	2.2 NAME	
STREET ADDRESS	817 N.E. 35TH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	OAKLAND PARK FL	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	☐ Change ☐ Addition
NAME	HYDER, VIRGINIA	3.2 NAME	
STREET ADDRESS	2101 NE 29TH COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	HYDER, VIRGINIA	4.2 NAME	
STREET ADDRESS	2101 N.E. 29TH CT.	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP	
TITLE	CS	5.1 TITLE	☐ Change ☐ Addition
NAME	HYDER, VIRGINIA	5.2 NAME	
STREET ADDRESS	2101 N.E. 29TH CT.	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	5.4 CITY-ST-ZIP	
TITLE	VD	6.1 TITLE	☐ Change ☐ Addition
NAME	GUSWEILER, JUANITA 1STVP	6.2 NAME	
STREET ADDRESS	3721 NE 13 AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	OAKLAND PARK FL	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: Virginia Hyder (Secy-Treas.) — 1-19-95 — 565-3047
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0048DD