FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N21459** **(5)**

1. Corporation Name

WOMAN'S CLUB OF ZEPHYRHILLS, INC.

Principal Place of Business	Mailing Address
38540 5TH AVE PO BOX 735 ZEPHRYHILLS FL 33540 US	P O BOX 735 PO BOX 735 ZAPHRYHILLS FL 33540-4331 US

3. Date Incorporated or Qualified: 06/30/1987
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21: 38540 - 5TH AVE.
Suite, Apt. #, etc. 22:
City & State 23: Zephyrhills Fl
Zip 24: 33540 Country 25: Pasco

2a. Mailing Address
26: P.O. Box 735
Suite, Apt. #, etc. 27:
City & State 28: Zephyrhills, Fl
Zip 29: 33539-0735 Country 30: Pasco

4. FEI Number: 59-6562281 ☐ 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

SAYER, LOIS M
6621 FOXMOOR DR
ZEPHRYHILLS FL 33541

10. Name and Address of New Registered Agent

81 Name: SAYER Lois M. (Virginia)
82 Street Address (P.O. Box Number is Not Acceptable): 6621 FOXMOOR DR.
83:
84 City: ZEPHYR Hills FL 85 Zip Code: 33541

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: SAYER, Lois M. Treasurer — Signature, typed or printed name of registered agent and title if applicable.
Lois M. Sayer — (NOTE: Registered Agent signature required when reinstating)
1/24/96 — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MERK, THELMA		1.2 NAME		
STREET ADDRESS	5906 AVOCADO ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	ZEPHYRHILLS FL		1.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	STURTEVANT, BEATRICE		2.2 NAME		
STREET ADDRESS	6825 LUM DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	ZEPHYRHILLS FL		2.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, LUCIA (MRS.)		3.2 NAME		
STREET ADDRESS	34634 YELLOW PARROTT DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	ZEPHYRHILLS FL		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WHETSTONE, RUTH (MRS.)		4.2 NAME		
STREET ADDRESS	36744 STRAND DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	ZEPHYRHILLS FL		4.4 CITY-ST-ZIP		
TITLE	CSD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GUILDNER, OLGA BRUNK (MR		5.2 NAME		
STREET ADDRESS	2955 FT. KING RD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	ZEPHYRHILLS FL		5.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SAYER, LOIS M		6.2 NAME		
STREET ADDRESS	6621 FOXMOOR DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	ZEPHYRHILLS FL		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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)(k), 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: SAYER Lois M. (Virginia) — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Lois M. Sayer
1/24/96 — Date
813-782-3302 — Daytime Phone #