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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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.	P.O.Box 735
38540- 5TH AVENUE PO BOX 735 ZEPHYRHILLS FL 33540 US	P.O. BOX 735 PO BOX 735 ZEPHYRHILLS FL 33539-0735 US

3. Date Incorporated or Qualified: 06/30/1987
3a. Date of Last Report: 02/09/1996

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

2a. Mailing Address
26 Suite, Apt. #, etc.: P.O.Box 735
27 City & State: Zephyrhills, Fl
28 Zip: 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. (VIRGI
6621 FOXMOOR DRIVE
ZEPHYRHILLS FL 33541

10. Name and Address of New Registered Agent

81 Name: SAYER, Lois M.
82 Street Address (P.O. Box Number is Not Acceptable): 6621 FOXMOOR DR.
83
84 City: Zephyrhills FL 85 Zip Code: 33541-0620

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 _____ DATE
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	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	VPD	☒ Change ☐ Addition
NAME	STURTEVANT, BEATRICE		2.2 NAME	DAVIS, LOIS	
STREET ADDRESS	6825 LUM DR		2.3 STREET ADDRESS	35145 GARBER LN	
CITY-ST-ZIP	ZEPHYRHILLS FL		2.4 CITY-ST-ZIP	ZEPHYRHILLS, FL 33541	
TITLE	VPD	☒ DELETE	3.1 TITLE	VPD	☒ Change ☐ Addition
NAME	BROWN, LUCIA (MRS.)		3.2 NAME	FREIMAN, RUTH	
STREET ADDRESS	34634 YELLOW PARROTT DR.		3.3 STREET ADDRESS	4751-19th STreet	
CITY-ST-ZIP	ZEPHYRHILLS FL		3.4 CITY-ST-ZIP	ZEPHYRHILLS, FL 33540	
TITLE	SD	☒ DELETE	4.1 TITLE	S.D.	☒ Change ☐ Addition
NAME	WHETSTONE, RUTH (MRS.)		4.2 NAME	OLSZEWSKI, Betty	
STREET ADDRESS	36744 STRAND DR.		4.3 STREET ADDRESS	5307 Betty STreet	
CITY-ST-ZIP	ZEPHYRHILLS FL		4.4 CITY-ST-ZIP	ZEPHYRHills, FL 33541	
TITLE	CSD	☒ DELETE	5.1 TITLE	CSD	☒ Change ☐ Addition
NAME	GUILDNER, OLGA BRUNK (MR		5.2 NAME	RAY, Wilma	
STREET ADDRESS	2955 FT. KING RD.		5.3 STREET ADDRESS	4717 OLIVE DR.	
CITY-ST-ZIP	ZEPHYRHILLS FL		5.4 CITY-ST-ZIP	ZEPHYR Hills, FL 33541	
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 (9/96)

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: Lois M Sayer Treasurer (SAYER, Lois M.) JAN. 4, 1997 (813) 782-3302
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0045714