

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N23752 (1)

1. Corporation Name

THE BRANFORD WOMAN'S CLUB, INC.



Principal Place of Business

Mailing Address

HIGHWAY 27  
BRANFORD FL 32008

HIGHWAY 27  
BRANFORD FL 32008

3. Date Incorporated or Qualified  
12/07/1987

3a. Date of Last Report  
05/31/1995

2. Principal Place of Business

2a. Mailing Address

21

26 P. O. Box 1084

4. FEI Number

59-2918163

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

City & State

City & State  
Branford Florida

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

Zip Country

Zip Country  
32008 Suwannee

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

SCOTT, JOHN L.  
SUWANNEE AVENUE  
BRANFORD FL 32008

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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	D	<input checked="" type="checkbox"/> DELETE
NAME	ATKINSON, ALICE	
STREET ADDRESS	RT 1, BOX 115	
CITY - ST - ZIP	BRANFORD FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	TURNER, LINDA W	
STREET ADDRESS	HWY 49	
CITY - ST - ZIP	BRANFORD FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GAYLORD, DEAN	
STREET ADDRESS	HIGHWAY 247	
CITY - ST - ZIP	BRANFORD FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	THOMPSON, JACKIE	
STREET ADDRESS	4541 - 256th Street	
CITY - ST - ZIP	O'Brien, Fl. 32071	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Nancy J. See	
1.3 STREET ADDRESS	20293 - 89th Rd.	
1.4 CITY - ST - ZIP	O'Brien, Fl. 32071	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Flora Smith	
2.3 STREET ADDRESS	Rt 2, Box 547	
2.4 CITY - ST - ZIP	Lake City, Fl. 32055	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Jackie Thompson	
3.3 STREET ADDRESS	4541 - 256th Street	
3.4 CITY - ST - ZIP	O'Brien, Fl. 32071	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Doris Ware	
4.3 STREET ADDRESS	100 Hwy 247	
4.4 CITY - ST - ZIP	Branford, Fl. 32008	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0001047

CR2E037 (3/96)