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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
'95 FEB -1 PM 1:52

DOCUMENT # **N24740** (5)

1. Corporation Name
WOMAN'S CLUB OF HOMESTEAD, FLORIDA, INC.

Principal Place of Business	Mailing Address
1027 N.E. THIRD AVE. P.O. BOX 53 HOMESTEAD FL 33090	65 NW 16 STR HOMESTEAD FL 33030 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/09/1988
3a. Date of Last Report: 03/10/1994
4. FEI Number: 59-6145856 ☐ 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
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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

LOSNER, STEVEN D
65 NW 16 STR
HOMESTEAD FL 33030

10. Name and Address of New Registered Agent

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 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 _____ 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	D	1.1 TITLE	S	☒ Change ☐ Addition
NAME	TAGUE, VIVIAN	1.2 NAME	TAGUE, VIVIAN	
STREET ADDRESS	51 N.W. 17TH ST	1.3 STREET ADDRESS	51 N.W. 17th St.	
CITY-ST-ZIP	HOMESTEAD FL	1.4 CITY-ST-ZIP	Homestead, FL 33030	
TITLE	P	2.1 TITLE		☐ Change ☐ Addition
NAME	LOSNER, DOYLENE	2.2 NAME		
STREET ADDRESS	20251 S.W. 272 ST	2.3 STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD FL	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE	D	☒ Change ☒ Addition
NAME	KING, ROSE	3.2 NAME	ELMORE, JOYCE	
STREET ADDRESS	2509 S.E. 20 PLACE	3.3 STREET ADDRESS	405 NW. 14 ST	
CITY-ST-ZIP	HOMESTEAD FL	3.4 CITY-ST-ZIP	Homestead, FL 33030	
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	JENSEN, MEDA	4.2 NAME		
STREET ADDRESS	18640 S.W. 295 TERR	4.3 STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD FL	4.4 CITY-ST-ZIP		
TITLE	V	5.1 TITLE	D	☒ Change ☐ Addition
NAME	CLARK, JENNETTE	5.2 NAME		
STREET ADDRESS	59 N.E. 15TH ST	5.3 STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	V	☒ Change ☒ Addition
NAME	GREEN, DOROTHY	6.2 NAME	ROLLINS, ELIZABETH	
STREET ADDRESS	324 N.W. 19 ST.	6.3 STREET ADDRESS	21260 S.W. 384 ST	
CITY-ST-ZIP	HOMESTEAD FL	6.4 CITY-ST-ZIP	Homestead, FL 33030	

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: Meda A. Jensen Meda A. Jensen 1/26/95 305-245-9180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0058747