

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Aug 26 1997 8:00am  
Secretary of State

DOCUMENT # N25689 (3)

1. Corporation Name

COLLEGE PARK WOMENS CIVIC CLUB, INC.

-08/28/97--01019--014



61.25

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

714 DARTMOUTH STREET  
ORLANDO FL 32804  
US

714 DARTMOUTH STREET  
ORLANDO FL 32804  
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUMPHRIES, DOLORES  
110 HUNTERS TR  
LONGWOOD FL 32779

81 Name

Jacqueline Frank

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

632 Sheridan Blvd.

83

Orlando

84

Orlando

FL

85 Zip Code

32804

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

*Jacqueline Frank*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

July 21st, 1997

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE

NAME HUMPHRIES, DOLORES  
STREET ADDRESS 110 HUNTERS TRAIL  
CITY-ST-ZIP LONGWOOD FL

1.1 TITLE Pres. Jacqueline Frank ☒ Change ☒ Addition

1.2 NAME  
1.3 STREET ADDRESS 632 Sheridan Blvd. *Director*  
1.4 CITY-ST-ZIP Orlando, 32804

TITLE T ☒ DELETE

NAME BADGER, ALICE S  
STREET ADDRESS 633 LAKE DOT CIR APT 909  
CITY-ST-ZIP ORLANDO FL

2.1 TITLE Tres. Dolores S. Humphries ☒ Change ☒ Addition

2.2 NAME (Temporary)  
2.3 STREET ADDRESS 110 Hunters Trail *Director*  
2.4 CITY-ST-ZIP Longwood, Fla. 32779

TITLE VD ☒ DELETE

NAME BORRIES, VERNA  
STREET ADDRESS 1401 W SMITH ST  
CITY-ST-ZIP ORLANDO FL

3.1 TITLE 1st VP ☒ Change ☒ Addition

3.2 NAME Judy Brokaw  
3.3 STREET ADDRESS 1601 Utah Blvd. *Director*  
3.4 CITY-ST-ZIP Orlando 32803

TITLE VD ☒ DELETE

NAME ARMSTRONG, EVELYN  
STREET ADDRESS 731 LAKE KATHRYN DR  
CITY-ST-ZIP MAITLAND FL

4.1 TITLE 2nd VP ☒ Change ☒ Addition

4.2 NAME Alice Badger  
4.3 STREET ADDRESS 633 Lake Dot Cr., Apt. 909  
4.4 CITY-ST-ZIP Orlando 32801

TITLE SD ☒ DELETE

NAME NAPIER, LESSIE  
STREET ADDRESS 1315 STETSON ST  
CITY-ST-ZIP ORLANDO FL

5.1 TITLE Rec. ☒ Change ☒ Addition

5.2 NAME Madge Hlipala  
5.3 STREET ADDRESS 4198 Shorecrest Dr.  
5.4 CITY-ST-ZIP Orlando 32804

TITLE SD ☒ DELETE

NAME BAME, HELEN  
STREET ADDRESS 100 E. ANDERSON #206  
CITY-ST-ZIP ORLANDO FL

6.1 TITLE Corres. Sec. ☒ Change ☒ Addition

6.2 NAME JoAnne Lindsey  
6.3 STREET ADDRESS 800 Buckwood Dr.  
6.4 CITY-ST-ZIP Orlando 32806

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

SIGNATURE REQUIRED

*4/2/102-2222222*

CR2E037 (4/97)