FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 26 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N35326 (0)

1. Corporation Name
UMATILLA WOMAN'S CLUB, INC.

Principal Place of Business	Mailing Address
COMMUNITY CENTER 2 CENTER ST. UMATILLA FL 32784	P.O. BOX 1772 UMATILLA FL 32784 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/22/1989
3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-1895424 ☐ 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 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SHELTON, VIRGINIA E. 17041 PERU RD UMATILLA FL 32784	01 Name: SHELTON, VIRGINIS E. 02 Street Address (P.O. Box Number is Not Acceptable): 17041 PERU RD. 03: UMATILLA, FL 32784 04 City: UMATILLA, FL 05 Zip Code: 32784

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	DP	1.1 TITLE	DP	☐ Change ☐ Addition
NAME	SHELTON, VIRGINIA E.	1.2 NAME	SHEETON, VIRGINIS. E.	
STREET ADDRESS	17041 PERA RD.	1.3 STREET ADDRESS	17041 PERU RD.	
CITY-ST-ZIP	UMATILLA FL 32784	1.4 CITY-ST-ZIP	UMATILLA, FL 32784	
TITLE	VD	2.1 TITLE	VD	☐ Change ☐ Addition
NAME	SMITH, NANCY	2.2 NAME	WRIGHT, barbara	
STREET ADDRESS	424 WINOGENE AVE.	2.3 STREET ADDRESS	20314 WOOD DUCK RD.	
CITY-ST-ZIP	UMATILLA FL	2.4 CITY-ST-ZIP	ALTOONA, FL 32702	
TITLE	VP	3.1 TITLE	VP	☐ Change ☐ Addition
NAME	BURNS, SHARON	3.2 NAME	BURNS, SHARON	
STREET ADDRESS	38425 CRYSTAL LANE	3.3 STREET ADDRESS	38425 CRYSTAL LANE	
CITY-ST-ZIP	UMATILLA FL 32784	3.4 CITY-ST-ZIP	UMATILLA, FL 32784	
TITLE	S	4.1 TITLE	S	☑ Change ☐ Addition
NAME	STOOPS, DOROTHY C.,	4.2 NAME	HAVLETT, HELEN	
STREET ADDRESS	4007 MERRYWEATHER DR.	4.3 STREET ADDRESS	45811 DEER ST.	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	PAISLEY, FL 32767	
TITLE	TD	5.1 TITLE	TD	☐ Change ☐ Addition
NAME	BASS, DOLORES	5.2 NAME	BASS, DOLORES	
STREET ADDRESS	26310 FISHERMANS RD.	5.3 STREET ADDRESS	26310 FISHERMAN"S	
CITY-ST-ZIP	PAISLEY FL 32767	5.4 CITY-ST-ZIP	PAISLEY, FL. 32767	
TITLE	CS	6.1 TITLE	CS	☐ Change ☐ Addition
NAME	LEE, ELIZABETH	6.2 NAME	LEE, ELIZABETHH	
STREET ADDRESS	P.O. BOX 123 N/A	6.3 STREET ADDRESS	P. O. BOX 123N/A	
CITY-ST-ZIP	UMATILLA FL 32784	6.4 CITY-ST-ZIP	UMATILLA, FL 32784	

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: Dolores M Bass DOLORES M. BASS 4-19-95 904-669-8943
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0033783