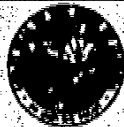


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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

**COMMUNITY CENTER
2 CENTER ST.
UMATILLA FL 32784**

Mailing Address

**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. FBI 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

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

28

Zip

Country

9. Name and Address of Current Registered Agent

**SHELTON, VIRGINIA E.
17041 PERU RD
UMATILLA FL 32784**

10. Name and Address of New Registered Agent

81 Name

SHELTON, VIRGINIA E.

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

17041 PERU RD.

83

City

UMATILLA, FL 32784

84

UMATILLA,

FL

85 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

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SHELTON, VIRGINIA E.
STREET ADDRESS	17041 PERU RD.
CITY-ST-ZIP	UMATILLA FL 32784
TITLE	VD
NAME	SMITH, NANCY
STREET ADDRESS	424 WINGENE AVE.
CITY-ST-ZIP	UMATILLA FL
TITLE	VP
NAME	BURNS, SHARON
STREET ADDRESS	38425 CRYSTAL LANE
CITY-ST-ZIP	UMATILLA FL 32784
TITLE	S
NAME	STOOPS, DOROTHY C.
STREET ADDRESS	4007 MERRYWEATHER DR.
CITY-ST-ZIP	ORLANDO FL
TITLE	TD
NAME	BASS, DOLORES
STREET ADDRESS	26310 FISHERMAN'S RD.
CITY-ST-ZIP	PAISLEY FL 32767
TITLE	CS
NAME	LEE, ELIZABETH
STREET ADDRESS	P.O. BOX 123 N/A
CITY-ST-ZIP	UMATILLA FL 32784

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	☐ Change ☐ Addition
1.2 NAME	SHEETON, VIRGINIS. E.	
1.3 STREET ADDRESS	17041 PERU RD.	
1.4 CITY-ST-ZIP	UMATILLA, FL 32784	
2.1 TITLE	VD	☐ Change ☐ Addition
2.2 NAME	WRIGHT, barbara	
2.3 STREET ADDRESS	20334 WOOD PUCK RD.	
2.4 CITY-ST-ZIP		
3.1 TITLE	VP	☐ Change ☐ Addition
3.2 NAME	BURNS, SHARON	
3.3 STREET ADDRESS	38425 CRYSTAL LANE	
3.4 CITY-ST-ZIP	UMATILLA, FL 32784	
4.1 TITLE	S	☒ Change ☐ Addition
4.2 NAME	HAYLETT, HELEN	
4.3 STREET ADDRESS	45811 DEER ST.	
4.4 CITY-ST-ZIP	PAISLEY, FL 32767	
5.1 TITLE	TD	☐ Change ☐ Addition
5.2 NAME	BASS, DOLORES	
5.3 STREET ADDRESS	26310 FISHERMAN'S	
5.4 CITY-ST-ZIP	PAISLEY, FL. 32767	
6.1 TITLE	CS	☐ Change ☐ Addition
6.2 NAME	LEE, ELIZABETH	
6.3 STREET ADDRESS	P. O. BOX 123N/A	
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 110.07(3)(b), 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 017, 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

4-19-95 904-669-8843

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #