

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified
11/22/1989

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

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**

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

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

81 Name

Wright, Barbara

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

20314 Wood Duck Rd.

83

Altoona, FL 32702

84 City

Altoona

FL

85

32702

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

Barbara S. Wright

(NOTE: Registered Agent signature required when reinstating)

BARBARA S. WRIGHT

DATE

4-15-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	☒ DELETE
NAME	SHELTON, VIRGINIA E.	
STREET ADDRESS	17041 PERA RD.	
CITY-ST-ZIP	UMATILLA FL 32784	
TITLE	VD	☒ DELETE
NAME	WRIGHT, BARBARA	
STREET ADDRESS	20314 WOOD DUCK RD	
CITY-ST-ZIP	ALTOONA FL	
TITLE	VP	☐ DELETE
NAME	BURNS, SHARON	
STREET ADDRESS	38425 CRYSTAL LANE	
CITY-ST-ZIP	UMATILLA FL 32784	
TITLE	S	☐ DELETE
NAME	HAYLETT, HELEN	
STREET ADDRESS	45811 DEER STREET	
CITY-ST-ZIP	PAISLEY FL	
TITLE	TD	☒ DELETE
NAME	BASS, DOLORES	
STREET ADDRESS	26310 FISHERMANS RD.	
CITY-ST-ZIP	PAISLEY FL 32767	
TITLE	CS	☐ DELETE
NAME	LEE, ELIZABETH	
STREET ADDRESS	P.O. BOX 123 N/A	
CITY-ST-ZIP	UMATILLA FL 32784	

1.1 TITLE	DP	☒ Change ☐ Addition
1.2 NAME	Wright, Barbara	
1.3 STREET ADDRESS	20314 Wood Duck Rd.	
1.4 CITY-ST-ZIP	Altoona, FL. 32702	
2.1 TITLE	VD	☒ Change ☐ Addition
2.2 NAME	Shank, Carol	
2.3 STREET ADDRESS	26008 Fisherman's Rd	
2.4 CITY-ST-ZIP	Paisley, FL 32767	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	TD	☒ Change ☐ Addition
5.2 NAME	Raybuck, Sara	
5.3 STREET ADDRESS	87 Live Oak Dr.	
5.4 CITY-ST-ZIP	Eustis, FL. 32726	
6.1 TITLE		☐ Change ☐ 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:

Dolores Bass **Dolores Bass**

3-18-96

352-669-8943

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-96

352-357-1114

CR2E037 (12/95)