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05-04-1999 90148 042 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N35326**

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 11/22/1989
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1895424 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

STRICKLEN, MARGARET
P. O. BOX 661
20020 EAST HIGHWAY 42
UMATILLA FL 32784

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 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 _____ 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	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	STRICKLEN, MARGARET		1.2 NAME	
STREET ADDRESS	P. O. BOX 661		1.3 STREET ADDRESS	
CITY-ST-ZIP	UMATILLA FL 32784		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GARDNER, EDITH		2.2 NAME	
STREET ADDRESS	17646 WILLIS V. MCCALL RD		2.3 STREET ADDRESS	
CITY-ST-ZIP	UMATILLA FL 32784		2. 4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	WARD, UNA		3.2 NAME	
STREET ADDRESS	25632 FISHERMANS RD		3.3 STREET ADDRESS	
CITY-ST-ZIP	UPAISLEY FL 32767		3.4. CITY-ST-ZIP	
TITLE	S	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SHELTON, VIRGINIA		4. 2 NAME	
STREET ADDRESS	17041 PERU ROAD		4.3 STREET ADDRESS	
CITY-ST-ZIP	UMATILLA FL 32784		4.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	RAYBUCK, SARA		5.2 NAME	
STREET ADDRESS	87 LIVE OAK DR.		5.3 STREET ADDRESS	
CITY-ST-ZIP	EUSTIS FL 32726		5.4 CITY-ST-ZIP	
TITLE	CS	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	EMERSON, GERALDINE		6.2 NAME	
STREET ADDRESS	P.O. BOX 1330 N/A		6.3 STREET ADDRESS	
CITY-ST-ZIP	UMATILLA FL		6.4 CITY-ST-ZIP	

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: Sara Jane Raybuck SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 4-26-1999 Date — 352-357-6114 Daytime Phone #