2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

Mailing Address

UMATILLA FL 32784

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

P.O. BOX 1772

DOCUMENT # N35326

1. Entity Name

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

COMMUNITY CENTER

UMATILLA FL 32784

2 CENTER ST.

UMATILLA WOMAN'S CLUB, INC.



FILED Mar 06, 2003 8:00 am Secretary of State

03-06-2003 90134 010 ****61.25

4UU343/1

CHECK HERE IF MAKIN	G CHANGES
4. FEI Number 59-1895424	Applied For
	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

CLINE, LYNN ~ Street Address (P.O. Box Number is Not Acceptable)

Name

1040 ELK COURT N WINTER SPRINGS FL 32708 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept

Country

the obligations of registered agent.

SIGNATURE

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

Country

6. Name and Address of Current Registered Agent

(NOTE: Registered Agent signature required when reinstating)

DATE

FL 32784

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees

Make-Check-Payable_to-Florida Department of State

10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE Addition CLINE, LYNN NAME NAME STREET ADDRESS 1040 ELK COURT N STREET ADDRESS WINTER SPRINGS FL 32708 CITY-ST-7IP CITY-ST-ZIP WD 🗗 TITLE Delete (X Change ☐ Addition WÈBB, JUANITA SHIRLEY Doyle Ave NAME NAME STREET ADDRESS 47109 BEAR CLAW ROAD STREET ADDRESS CITY-ST-ZIP ALTOONA FL 32702 CITY-ST-ZIP umatilla Delete TITLE TITLE ☐ Addition Souce McCall CROWNOVER, GLETA NAME -450 E CODEINS STREET Crescent STI STREET ADDRESS STREET ADDRESS CITY-\$T-ZIF UMATILLA FL 32784 CITY-ST-ZIP *3*2784 umatilla Geraddine Emerson TITLE Delete TITLE SHELTON, VIRGINIA NAME POBOX 1330 NAME STREET ADDRESS 17041 PERU ROAD STREET ADDRESS umatilla CITY-ST-ZIP UMATILLA FL 32784 CITY-ST-ZIP TD TITLE Delete TITLE MOCK, MARY JANE mary 18144 NAME NAME TUCK AWAY Lane STREET ADDRESS PO BOX 569 N/A STREET ADDRESS UmatilLA, FL 32784 CITY-ST-ZIP UMATILLA FL 32784 CITY-ST-ZIP TITLE X Delete TITLE Change ☐ Addition EMÈRSON, GERALDINE Rigdon e 2600 ave Re NAME

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered,

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

P.O. BOX 1330 N/A

UMATILLAFL

669 50fð