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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

NIGEROA DOCUMENT #

(2)

1. Corporation Name  THE WOMAN'S CLUB OF EUSTIS, INC.  Principal Place of Business  Mailing Address  227 N CENTER ST 531 NORTH BAY ST. EUSTIS FL 32726  EUSTIC FL 32726								
EUSTIS FL 32726 US		U\$			3. Date incorporated or Qualified 12/08/1989		ote of Last F 04/10/19	
2. Principal Pla	ace of Business	2a. Mailing Address 26			4. FEI Number 59-2982137			pplied For lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	·		5. Certificate of Status Desired		,	Additional Required
City & State	9	City & State			6. Election Campaign Financing Trust Fund Contribution		•	May Be
Zip 4	Country 25	Z <sub>I</sub> p <b>29</b>	Country 30		8. This corporation has liability for	r intangible ta	ax under s.	
91	9. Name and Address of Curren		1301		10. Name and Address of New			
	<u> </u>		81	Name				
SEMENTO, LAWRENCE J. 531 N. BAY STREET				Street Addin	(P.O. Box Number is Not Accepta	able)		
EUSTIS	FL 32726		83					
			84	City		FL	85 Zip	Code
44 Dureuset	to the provisions of Sections 617 0503	and 617 1508. Florida Statu	ites, the above-o:	amed corpor:	ation submits this statement for the ou			
or register familiar wi	red agent, or both, in the State of Flori ith, and accept the obligations of, Sect	da. Such change was authori ion 617.0503, Florida Statute	ized by the corpo	oration's boar		pointment as	s registered	agent. I am
or register familiar wi SIGNATURE	red agent, or both, in the State of Flori- ith, and accept the obligations of, Sect Signature, typeo or printed name of registered agent	da Such change was authori ion 617.0503, Florida Statute Land title Lappicable P D DIRECTORS	ized by the corpo	oration's boar	d of directors. Thereby accept the app	DATE FICERS AND	o DIRECTO	agent. I am
or register familiar wi SIGNATURE 12.	red agent, or both, in the State of Flori ith, and accept the obligations of, Sect Signature, typeo or printed name of registered agent OFFICERS AN	da Such change was authori ion 617.0503, Florida Statute rand tita Tapplicable C	ized by the corpo es. 4016 Registered Agent	signature required	d of directors. I hereby accept the applications of directors and the application of the	DATE FICERS AND	o DIRECTO	agent. I am
or register familiar wi SIGNATURE 112.	red agent, or both, in the State of Flori ith, and accept the obligations of, Sect Signature, typeo or printed name of registered agent OFFICERS AN PD SIEGEL, LONA R	da Such change was authori ion 617.0503, Florida Statute Land title Lappicable P D DIRECTORS	ized by the corpo	sgnature required	of directors. I hereby accept the apply when reinstating.  ADDITIONS/CHANGES TO OF	DATE FICERS AND	s registered	agent, I am
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centry that the information influence on this armital report or supplemental armitial report is true and accurate and that my signature shall have the same legal effect as it 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. Covering Schumen

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: 🔟