

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 12 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N35624 (8)**

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
USP O BOX 572
531 NORTH BAY ST
EUSTIS FL 32726-3438
US3. Date Incorporated or Qualified
12/08/19893a. Date of Last Report
03/11/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

59-2982137

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees8. 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

SEMENTO, LAWRENCE J.
531 N. BAY STREET
EUSTIS FL 32726

81 Name

JOAN HENNING

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

2713 WASHINGTON ST

83

EUSTIS

84 City

FL

85 Zip Code

32726

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

Joan Henning

(NOTE: Registered Agent's signature required when reinstating)

3/9/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HENNING, JOAN	
STREET ADDRESS	2713 WASHINGTON	
CITY - ST - ZIP	ST EUSTIS FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SIEGEL, LONA R.	
STREET ADDRESS	2635 LAKE LANDING BLVD	
CITY - ST - ZIP	EUSTIS FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DRISCOLL, BARBARA	
STREET ADDRESS	11130 FOUNTAIN LAKE BLVD	
CITY - ST - ZIP	LEESBURG FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	RAYBUCK, SARA JANE	
STREET ADDRESS	87 LIVE OAK DR	
CITY - ST - ZIP	EUSTIS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCLARNEY, RUTH	
STREET ADDRESS	33 W QUALE AVE	
CITY - ST - ZIP	EUSTIS FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SCHIRMER, ROSEMARY	
STREET ADDRESS	18 SCARLET WAY	
CITY - ST - ZIP	EUSTIS FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE:

*Rosemary B. Schirmer***3/9/97****352-557-0360**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/96)