

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90056 028 ****61.25

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DOCUMENT # N35624

1. Corporation Name

THE WOMAN'S CLUB OF EUSTIS, INC.

Principal Place of Business

227 N CENTER ST
531 NORTH BAY ST.
EUSTIS FL 32726
US

Mailing Address

P O BOX 572
531 NORTH BAY ST
EUSTIS FL 32726
US



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

24

25

29

30

3. Date Incorporated or Qualified

12/08/1989

4. FEI Number

59-2982137

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HENNING, JOAN
2713 WASHINGTON ST
EUSTIS FL 32726

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
NAME **DRISCOLL, BARBARA**
STREET ADDRESS **11130 FOUNTAIN LAKE BLVD**
CITY-ST-ZIP **LEESBURG FL**

TITLE **VPD** ☐ DELETE
NAME **DEHOAG, JEAN**
STREET ADDRESS **27602 LAKE JEM RD**
CITY-ST-ZIP **MT DORA FL**

TITLE **DV** ☒ DELETE
NAME **STEWART, BARBARA**
STREET ADDRESS **1001 JASMINE ST**
CITY-ST-ZIP **EUSTIS FL**

TITLE **RSD** ☐ DELETE
NAME **TERRIO, DEE**
STREET ADDRESS **2 AZURE LANE**
CITY-ST-ZIP **EUSTIS FL**

TITLE **CSD** ☐ DELETE
NAME **ALDINGER, LAURABELLE**
STREET ADDRESS **1720 NORTH CT**
CITY-ST-ZIP **EUSTIS FL**

TITLE **TD** ☒ DELETE
NAME **KIRST, MONA P**
STREET ADDRESS **880 LAKE GRACIE DR**
CITY-ST-ZIP **EUSTIS FL**

1.1 TITLE **PRES** ☒ Change ☐ Addition
1.2 NAME **JEAN DEHOAG**
1.3 STREET ADDRESS **27602 LAKE JEM RD**
1.4 CITY-ST-ZIP **MT DORA, FL**

2.1 TITLE **VP** ☒ Change ☒ Addition
2.2 NAME **SARAHANE Raybuck**
2.3 STREET ADDRESS **87 LIVE OAK DR**
2.4 CITY-ST-ZIP **Eustis FL 32726**

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 ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE **TREAS** ☒ Change ☒ Addition
6.2 NAME **Joan Henning**
6.3 STREET ADDRESS **2713 Washington St**
6.4 CITY-ST-ZIP **Eustis FL 32726**

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Joan H. Henning 2/10/99

CR2E037 (11/98)