2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State
05-21-2001 90373 044 ****61.25

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DOCUMENT # N36684

1. Entity Name

WOMAN'S CLUB OF ST AUGUSTINE, INC.

Principal Place of Business	Mailing Address
P.O. BOX 3421 2510 SHORE DR. ST. AUGUSTINE FL 32085-3421 US	P.O. BOX 3421 2510 SHORE DR. ST. AUGUSTINE FL 32085-3421 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
P. O. Box 3421	P. O. Box 3421
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Augustine, Fl	City & State: St. Augustine, Fl
Zip: 32085-3421 Country: St. Johns	Zip: 32085-3421 Country: St. Johns

4. FEI Number 59-2053599 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
REID, LILLIAN 2510 SHORE DRIVE ST AUGUSTINE FL 32086	Name: Lois J. Peacock Street Address (P.O. Box Number is Not Acceptable): 110 Ocean Hollow Lane Unit 216 City: St. Augustine FL Zip Code: 32084

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.

SIGNATURE: Lois J. Peacock — April 17, 2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DE BARYSHE, BETTY 12 FLAMINGO DR ST AUGUSTINE FL 32084	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Veronica Guckian 1700 Woodlawn Rd #13 St. Augustine, Fl. 32084	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD KENEALY, VANGIE 279 COSTADO ST SAINT AUGUSTINE FL 32086	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Betty Kessler 111 Ocean Hollow Lane St. Augustine, Fl. 32084	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GOCKIEAN, VERONICA 1700 WOODLAWN RD #13 SAINT AUGUSTINE FL 32095	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Beryl Harter 352 Marsh Point Cir. St. Augustine, Fl. 32080	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MCKERCHER, JUNE 809 OAKLAND AVE SAINT AUGUSTINE FL 32095	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Adele Bugeski 405 Arrendo Ave. St. Augustine, Fl. 32080	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD THOMPSON, JUNE 1025 SAN RAFAEL ST ST. AUGUSTINE FL 32084	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LOIS J. Peacock 110 Ocean Hollow Lane #216 St. Augustine, Fl. 32084	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD REID, LILLIAN 2510 SHORE DRIVE ST AUGUSTINE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Pat Fraser 19 Marilyn Drive St. Augustine, Fl. 32080	☒ Change ☐ Addition

CR2E037 (10/00)

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.

SIGNATURE: Lois J. Peacock — Lois J. Peacock — April 17, 2001 — 904-808-7276
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR