FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -9 AM 9:19

DOCUMENT # N46483 (6)

1. Corporation Name

THE MARIANNA WOMAN'S CLUB, INC.

Principal Place of Business	Mailing Address
CALEDONIA 2902 CALEDONIA STREET P.O. BOX 734 MARIANNA FL 32446 32447	CALEDONIA 2902 CALEDONIA STREET P.O. BOX 734 MARIANNA FL 32446 32447

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/17/1991
3a. Date of Last Report: 01/24/1994
4. FEI Number: 59-0242468 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

BONENBERGER, CAROL
4698 BERKSHIRE RD
MARIANNA FL 32446

10. Name and Address of New Registered Agent

81 Name: POLLY ROBERTS PRESIDENT
82 Street Address (P.O. Box Number is Not Acceptable): 2706 CAVERNS ROAD
83
84 City: MARIANNA, FL 85 Zip Code: 32446

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Polly Roberts — Polly Roberts — 1/25/95
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	P	1.1 TITLE	Pres. Director ☒ Change ☐ Addition
NAME	BONENBERGER, CAROL	1.2 NAME	Polly Roberts
STREET ADDRESS	4698 BERKSHIRE RD	1.3 STREET ADDRESS	2706 Caverns Rd.
CITY-ST-ZIP	MARIANNA FL 32446	1.4 CITY-ST-ZIP	Marianna, Fl 32446
TITLE	VD	2.1 TITLE	VP Director ☒ Change ☐ Addition
NAME	ROBERTS, POLLY	2.2 NAME	Sharon Bannerman
STREET ADDRESS	2706 CAVERNS RD	2.3 STREET ADDRESS	5960 Old Hickory Drive
CITY-ST-ZIP	MARIANNA FL 32446	2.4 CITY-ST-ZIP	Marianna, Fl 32446
TITLE	VD	3.1 TITLE	VP Director ☐ Change ☐ Addition
NAME	HEISNER, JOANN	3.2 NAME	Same
STREET ADDRESS	2959 HWY 90	3.3 STREET ADDRESS	
CITY-ST-ZIP	COTTONDALE FL 32431	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	SEC. Director ☒ Change ☐ Addition
NAME	BANNERMAN, SHARON	4.2 NAME	Alice Whitney
STREET ADDRESS	5960 OLD HICKORY DR	4.3 STREET ADDRESS	2774 Indian Springs Drive
CITY-ST-ZIP	MARIANNA FL 32446	4.4 CITY-ST-ZIP	Marianna, Fl 32446
TITLE	T	5.1 TITLE	TREAS. Director ☒ Change ☐ Addition
NAME	BARNES, SUE	5.2 NAME	Patricia M. Crisp
STREET ADDRESS	2161 MILL RD	5.3 STREET ADDRESS	2305 Fillmore Drive
CITY-ST-ZIP	KYNESVILLE FL 32420	5.4 CITY-ST-ZIP	Marianna, FL 32448
TITLE	PR	6.1 TITLE	☐ Change ☐ Addition
NAME	SIMPSON, PAT	6.2 NAME	
STREET ADDRESS	2565 MILTON ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	COTTONDALE FL 32431	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Patricia M. Crisp — Patricia M. Crisp — 1/25/95 — (904)482-5276
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #

0020014