## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of tale

1996

DOCUMENT # N46483

(6)

THE MARIANNA WOMAN'S CLUB, INC.										
Principal Place of Business		Mailing Address						<u> </u>		
2902 CALEDONIA STREET P.O. BOX 734		2902 CALEDONIA STREET P.O. BOX 734				500001820935 -05/14/9601100034				
Marianna fi Us	L 32447	Marianna fl 32447 US				3. Date The Trocated or Qualified 12/17/1991		ate of Last R 03/09/19		
2. Principal Pla	ice of Business	2a. Mailing Address				4, FE) Number		<del></del>	pplied For	4
21		26				59-0242468			ot Applicable	-
Suite, Apt. #	F, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired See Required				
City & State		City & State				6. Election Campaign Financing \$5.00 May Be				
23 Counts		Zip Country				Trust Fund Contribution Added to Fees  8. This corporation has liability for intangible tax under s. 199.032,				
Zip <b>24</b>	Country 25	Zip 29	30	ritiy			tangible ta Yes 🔽		199.032,	
	9. Name and Address of Current				-	10. Name and Address of New Re	gistered	Agent		1
				B1 Name	יאם	TRICIA M. CRISP				
▼ ROBERTS, POLLY				82 Street	Addres	SS (P.O. Box Number is Not Acceptable				-
2706 CAVERNS ROAD						05 FILLMORE DRIV	<u>e                                     </u>			4
MARIAN	NA FL 32446			83	MA	RIANNA, FL 32448				ŀ
•				84 City			E1		Code	1
	o the provisions of Sections 617,0502 a	ad 017 1500 Florida Statut	as the she	l l		RIANNA,	FL		2448	7
or registeri	ed agent, or both, in the State of Florida	ı. Such change was <del>aut</del> bonz	eid by the o	corporation's	board	of directors. I hereby accept the appo	intment as	registered a	agent. I am	
	h, and accept the obligations of, Section	1 Lou	rice	711	100		4/12/	/06		
SIGNATURE _	PATRICIA M. CRISI Signature, typed or printed name of registered agent ar			Agont signature	require		DATE	90		l <sup>©</sup>
12.	OFFICERS AND		13.			ADDITIONS/CHANGES 10 OFFI				CR2E037 (12/95)
TITLE	PD	DELETE	11 T	HLE	PD		t	Change	Addition	=======================================
NAME	ROBERTS, POLLY		1.2 N	AME	HE	ISNER, JOANN				33
STREET ADDRESS	2706 CAVERNS RD		1.3 \$	TREET ADDRESS	29	59 HIGHWAY 90				Ĭ
CITY-ST-Z-P	MARIANNA FL			ITY-ST-ZIP	co	TTONDALE, FL 324	31	<b>6</b> 70	Addition	洪
TITLE [	VPD	DELETE	2.1 T		VP	D	4	Change	Addition	1
NAME	BANNERMAN, SHARON		22 N		_	FORD, LIZ				
STREET ADDRESS	5960 OLD HICKORY DRIVE		1	TREET ADORESS	89	6 STONE ROAD				
CITY-ST-ZIP	MARIANNA FL	DELETE	2 4 I	CITY-ST-ZIP	GR	AND RIDGE, FL 32	442	Change	Addition	-
TITLE	VPD	A Detert		IAME	VP	D	2	E change		
NAME STREET ADDRESS	HEISNER, JOANN			ianvic Itreft address		RNES, SUE				
CITY-ST-ZIP	2959 HWY 90 COTTONDALE FL		1	DITY-ST-ZIP	P.	0. Box 119				
TITLE	SD SD	DELETE	41 T			<del>RIANNA, FL 32447</del>		Change	Addition	7
NAME	WHITNEY, ALICE	Λ.	4 21	NAME	SP	IZER, RUTH				
STREET ADDRESS	2774 INDIAN SPRINGS DRIVE		439	TREET ADDRESS		95 Fourth Stree	+			
CITY-ST-ZIP	MARIANNA FL		4.4 (	CITY-ST-ZIP		rianna, Fl 32446				
TITLE	TD	DELETE	51 T	TTLE	TD			Change	☐ Addition	
NAME	CRISP, PATRICIA M		521	IAME		ISP, PATRICIA M.				
STREET ADDRESS	2305 FILLMORE DRIVE		5.3 9	TREET ADDRESS		05 Fillmore Driv				
CITY-ST-ZIP	Marianna Fl			CITY-SI-ZIP		rianna, FL 32448	l			4
TITLE	PR	DELETE	•	IITLE	PR	*		Change	Addition	1
NAME	SIMPSON, PAT			IAME	Q T	MPSON, PAT		_	1-9	φ
STREET ADDRESS	2565 MILTON ST			STREET ADDRESS		65 MILTON ST		5	179	1
CITY-ST-2IP	COTTONDALE FL 32431  by certify that the information supplied w	the same group to the same	640	CITY-ST-ZIP			<del>31</del>	orido Etatut	oc Uurbor	4
j 14. i do hereb	by certify that the information supplied w	im mis filing is voluntarily fur	nished and	i uoes not qu	Jalliy 10	HAIR GRANT PROFESSION TO STAND	or (O)(K), FK	Jinua Statult	os. Huitidi	- 1

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 employered 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 Alricia SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4/12/96

(904)482-5276

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