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May 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N46483** (6)

1. Corporation Name

THE MARIANNA WOMAN'S CLUB, INC.

Principal Place of Business

Mailing Address

**2902 CALEDONIA STREET
P.O. BOX 734
MARIANNA FL 32447
US**

**2902 CALEDONIA STREET
P.O. BOX 734
MARIANNA FL 32447
US**



3. Date Incorporated or Qualified

12/17/1991

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CRISP, PATRICIA
2305 FILLMORE DR.
MARIANNA FL 32448**

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

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

(NOTE: Registered Agent signature required when reinstating)

4/7/98
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	☐ DELETE
NAME	HEISNER, JOANN	
STREET ADDRESS	2959 HWY 90	
CITY-ST-ZIP	COTTONDALE FL 32431	

TITLE	VPD	☐ DELETE
NAME	ALFORD, LIZ	
STREET ADDRESS	896 STONE ROAD	
CITY-ST-ZIP	GRAND RIDGE FL 32442	

TITLE	SD	☐ DELETE
NAME	HUIZER, RUTH	
STREET ADDRESS	3095 FOURTH ST.	
CITY-ST-ZIP	MARIANNA FL 32446	

TITLE	TD	☐ DELETE
NAME	CRISP, PATRICIA M	
STREET ADDRESS	2305 FILLMORE DRIVE	
CITY-ST-ZIP	MARIANNA FL 32448	

TITLE	PR	☐ DELETE
NAME	SIMPSON, PAT	
STREET ADDRESS	2565 MILTON ST	
CITY-ST-ZIP	COTTONDALE FL 32431	

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	HUIZER, RUTH	
1.3 STREET ADDRESS	3095 Fourth St.	
1.4 CITY-ST-ZIP	Marianna, FL 32446	

2.1 TITLE	VPD	☒ Change ☐ Addition
2.2 NAME	ALMAND, LYDIA	
2.3 STREET ADDRESS	4980 Flynt Dr.	
2.4 CITY-ST-ZIP	Marianna, FL 32445	

3.1 TITLE	SD	☒ Change ☐ Addition
3.2 NAME	PARAMORE, JANICE	
3.3 STREET ADDRESS	3181 Gene Lane	
3.4 CITY-ST-ZIP	Marianna, FL 32446	

4.1 TITLE	TD	☐ Change ☐ Addition
4.2 NAME	CRISP, PATRICIA M.	
4.3 STREET ADDRESS	2305 Fillmore Dr.	
4.4 CITY-ST-ZIP	Marianna, FL 32448	

5.1 TITLE	VPD	☒ Change ☐ Addition
5.2 NAME	BARNES, SUE	
5.3 STREET ADDRESS	P.O. BOX 119 N/A	
5.4 CITY-ST-ZIP	Marianna, FL 32447	

6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE: **PATRICIA M. CRISP, TREASURER**

4/7/98

850/482-5276

Date

Daytime Phone # 0010187

CR2E037 (10/97)