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NONPROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # **N46483**

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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

3. Date Incorporated or Qualifed
12/17/1991

4. FEI Number
59-0242468
☐ Applied For
☐ Not Applicable

5. Certifcate 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

CRISP, PATRICIA
2305 FILLMORE DR.
MARIANNA FL 32448

10. Name and Address of New Registered Agent

81 Name - SAME -
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, TREASURER PATRICIA M. CRISP 3/6/99
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	1.1 TITLE		☐ Change ☐ Addition
NAME	HUIZER, RUTH		1.2 NAME		
STREET ADDRESS	3095 FOURTH STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	MARIANNA FL 32446		1.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ALMAND, LYDIA		2.2 NAME		
STREET ADDRESS	4980 FLYNT DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MARIANNA FL 32446		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PARAMORE, JANICE		3.2 NAME		
STREET ADDRESS	3181 GENE LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	MARIANNA FL 32446		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CRISP, PATRICIA M		4.2 NAME		
STREET ADDRESS	2305 FILLMORE DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	MARIANNA FL 32448		4.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BARNES, SUE		5.2 NAME		
STREET ADDRESS	P.O. BOX 119		5.3 STREET ADDRESS		
CITY-ST-ZIP	MARIANNA FL 32447		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: Patricia M. Crisp PATRICIA M. CRISP 3/6/99 850/482-5276
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Treasurer