2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2000 8:00 am
Secretary of State
03-22-2000 90084 018 ****61.25

DOCUMENT # N46483

1. Entity 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 32447-0734 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent

CRISP, PATRICIA
2305 FILLMORE DR.
MARIANNA FL 32448

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 Patricia M Crisp 3/20/00

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 HUIZER, RUTH 3095 FOURTH STREET MARIANNA FL 32446	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LYDIA ALMAND-PRESIDENT 4980 FLYNT DRIVE MARIANNA, FL 32446	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ALMAND, LYDIA 4980 FLYNT DRIVE MARIANNA FL 32446	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD JO-ANN ROUNDTREE 3165 LAMAR DR - #5 MARIANNA, FL 32446	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PARAMORE, JANICE 3181 GENE LANE MARIANNA FL 32446	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SIMMONS, BARBARA 4327 7TH AVENUE MARIANNA, FL 32446	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CRISP, PATRICIA M 2305 FILLMORE DRIVE MARIANNA FL 32448	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CRISP, PATRICIA M. 2305 FILLMORE DR. MARIANNA, FL 32448	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BARNES, SUE P.O. BOX 119 MARIANNA FL 32447	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: Patricia M Crisp PATRICIA M. CRISP 3/15/00 (850) 482-5276

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #