2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2004 8:00 am
Secretary of State
07-09-2004 90003 035 ****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	P.O. BOX 734 MARIANNA, FL 32447 US

DO NOT WRITE IN THIS SPACE

07012004 No Chg-NP CR2E037 (10/03)

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

HUIZER, RUTH
3095 FOURTH ST.
MARIANNA, FL 32446

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Ruth Huizer
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BANNERMAN, SHARON → CAROL ADCOCK
STREET ADDRESS	4497 HWY 90 → 4582 BALES DR.
CITY-ST-ZIP	MARIANNA, FL 32446 → MARIANNA FL 32446
TITLE	VPD
NAME	SCHOULTHESIS, DAISEY → DEBORAH MATHEWSE
STREET ADDRESS	2932 WILDWOOD CIR. → 5092 CREEK PATH
CITY-ST-ZIP	MARIANNA, FL 32446 → MARIANNA FL 32446
TITLE	SD
NAME	SIMPSON, PAT
STREET ADDRESS	PO BOX 116
CITY-ST-ZIP	COTTONDALE, FL 32431 → SAME
TITLE	TD
NAME	HUIZER, RUTH
STREET ADDRESS	3095 FOURTH ST.
CITY-ST-ZIP	MARIANNA, FL 32446 → SAME
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Ruth Huizer Ruth Huizer 7/03/04 850-482-3385
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #