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Mar 03 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N49555 (8)

1. Corporation Name

WOMAN'S CLUB OF TITUSVILLE, INC.



Principal Place of Business

Mailing Address

NORTH BREVARD SENIOR CENTER  
909 LANE AVE  
TITUSVILLE FL 32780  
US

P.O. BOX 1485  
TITUSVILLE FL 32781-1485  
US

3. Date Incorporated or Qualified  
06/25/1992

3a. Date of Last Report  
04/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number  
59-1718442

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SWATON, EUNICE C.  
4354 LONGBOW DR  
TITUSVILLE FL 32796

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

*Eunice Swaton*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-2-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME SWATON, EUNICE  
STREET ADDRESS 4354 LONGBOW DR  
CITY-ST-ZIP TITUSVILLE FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VD ☒ DELETE  
NAME EWING, MARY L.  
STREET ADDRESS 1861 FRIARS COURT  
CITY-ST-ZIP TITUSVILLE FL

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME VD  
2.3 STREET ADDRESS Whitson, Madeline  
2.4 CITY-ST-ZIP 6 S. Holiday Lane  
Titusville Fla 32796

TITLE VD ☐ DELETE  
NAME JANSE, BERNICE  
STREET ADDRESS 1511 BELL TERRACE  
CITY-ST-ZIP TITUSVILLE FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME Jansen, Bernice  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE T ☐ DELETE  
NAME WHITE, LORETTA  
STREET ADDRESS 4490 KEATS AVENUE  
CITY-ST-ZIP TITUSVILLE FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE S ☒ DELETE  
NAME FREEMAN, EDNA  
STREET ADDRESS 3740 SAWGRASS DR  
CITY-ST-ZIP TITUSVILLE FL

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME S  
5.3 STREET ADDRESS Pierce, Orpha  
5.4 CITY-ST-ZIP 2850 La Jita Lane  
Titusville Fla 32780

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

14. I do 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:

*Eunice Swaton* EUNICE SWATON  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0015154

2-2-96 407-2674190

CR2E037 (9/96)