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FILED

Feb 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N49622 (6)

1. Corporation Name

THE WOMAN'S CLUB OF AUBURNDALE, INC.

Principal Place of Business

Mailing Address

243 LAKE AVE.
AUBURNDALE FL 33823PO BOX 1876
AUBURNDALE FL 33823-1876
US3. Date Incorporated or Qualified
06/24/19923a. Date of Last Report
01/24/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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25

29

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4. FEI Number

59-6136904

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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

GARRISON, MARY
149 KINSTLE AVENUE
AUBURNDALE FL 33823

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

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 DS ☐ DELETE
NAME CRIKIS, CAROLYN
STREET ADDRESS 21 OAKWOOD RD.
CITY-ST-ZIP WINTER HAVEN FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE DP ☐ DELETE
NAME GARRISON, MARY
STREET ADDRESS 149 KINSTLE AVENUE
CITY-ST-ZIP AUBURNDALE FL 338232.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE DV ☐ DELETE
NAME WARD, RUTH
STREET ADDRESS 1416 ARIANA BLVD.
CITY-ST-ZIP AUBURNDALE FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE DV ☐ DELETE
NAME EIMES, MABEL
STREET ADDRESS 114 OWEN CIRCLE N.
CITY-ST-ZIP AUBURNDALE FL 338234.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE DV ☐ DELETE
NAME THORNBURG, VI
STREET ADDRESS 2026 KIRKLAND DR
CITY-ST-ZIP AUBURNDALE FL 338235.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE DT ☒ DELETE
NAME MURIELLO, CATHERINE
STREET ADDRESS 209 EDELWEISSOR DR
CITY-ST-ZIP WINTER HAVEN FL 338816.1 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0063275

CR2E037 (9/96)