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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # N50493 (8)

1. Corporation Name

BONITA SPRINGS WOMAN'S CLUB, INC.

Principal Place of Business	Mailing Address
27725 OLD 41 RD SUITE 104 BONITA SPRINGS FL 33923	27725 OLD 41 RD SUITE 104 BONITA SPRINGS FL 33923

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/21/1992
3a. Date of Last Report: 02/15/1994
4. FEI Number: 59-6134517 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

RICHARDSON, RALPH A.
27725 OLD 41 RD
SUITE 104
BONITA SPRINGS FL 33923

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and the 4 applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	HAYMAN, LONNIE	12 NAME	
STREET ADDRESS	4609 REGAL DR	13 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE VD	Catherine Walker B ☒ Change ☐ Addition
NAME	RUSK, JO	22 NAME	855 W Lakeview Dr.
STREET ADDRESS	27500 IMPERIAL ST	23 STREET ADDRESS	Bonita Springs Fl. 33923
CITY-ST-ZIP	BONITA SPRINGS FL	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE VD	Valerie Quetel ☐ Change ☒ Addition
NAME	MENG, EVELYN	32 NAME	26811 Pine Ave
STREET ADDRESS	27333 HORNE AVE	33 STREET ADDRESS	Bonita Springs Fl. 33923
CITY-ST-ZIP	BONITA SPRINGS FL	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE TD	Blanche Mazzucco ☐ Change ☒ Addition
NAME	WALKER, CATHERINE B	42 NAME	27051 Harbor Dr.
STREET ADDRESS	855 W LAKEVIEW DR	43 STREET ADDRESS	Bonita Springs Fl. 33923
CITY-ST-ZIP	BONITA SPRINGS FL	44 CITY-ST-ZIP	
TITLE	SD	51 TITLE SD	Beverly Smith ☐ Change ☒ Addition
NAME	VERWEY, BETTY	52 NAME	27320 Arroyal Rd.
STREET ADDRESS	21526 GARRETT STR	53 STREET ADDRESS	Bonita Springs Fl. 33923
CITY-ST-ZIP	BONITA SPRINGS FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and 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 the 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: B. Catherine Walker Jr. 2/10/95 (813) 992-0332
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

0016413