

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N93000000851 (6)**

1. Corporation Name

**WABASSO WOMAN'S CLUB, INC.**

Principal Place of Business

**4766 83RD ST  
WABASSO FL 32970  
US**

Mailing Address

**P O BOX 272  
WABASSO FL 32970**



3. Date Incorporated or Qualified  
**03/08/1993**

3a. Date of Last Report  
**04/11/1995**

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

**59-6137408**

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

**HALL, NANCY  
9505 FRANGIPANE DR  
VERO BEACH FL 32960**

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

TITLE PD ☐ DELETE  
NAME HALL, NANCY  
STREET ADDRESS 9505 FRANGIPANI DR  
CITY-ST-ZIP VERO BEACH FL

TITLE D ☒ DELETE  
NAME VALENTINE, ALICE  
STREET ADDRESS 7945 N US ONE #29  
CITY-ST-ZIP VERO BEACH FL 32976

TITLE SD ☒ DELETE  
NAME STIVERTSON, JOY  
STREET ADDRESS 2185 86TH AVE  
CITY-ST-ZIP VERO BEACH FL

TITLE VD ☐ DELETE  
NAME VERCELLINE, ILA  
STREET ADDRESS 7945 N US ONE #40  
CITY-ST-ZIP VERO BEACH FL

TITLE TD ☐ DELETE  
NAME GUNDERSON, BERNICE  
STREET ADDRESS 4741 83RD ST  
CITY-ST-ZIP WABASSO FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition  
1.2 NAME BARBARA CHACE  
1.3 STREET ADDRESS 8850 U.S. HWY. #1  
1.4 CITY-ST-ZIP WABASSO FL 32976

2.1 TITLE SD ☒ Change ☐ Addition  
2.2 NAME NANCY HALL  
2.3 STREET ADDRESS 9505 FRANGIPANI DR.  
2.4 CITY-ST-ZIP VERO BEACH FL 32963

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

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

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Bernice M. Gunderson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/96

407-589-1505

Date

Daytime Phone #

CR2E037 (12/95)