FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR 16 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000001348 (2)

1. Corporation Name
HOBE SOUND WOMEN'S CLUB, INC.

Principal Place of Business	Mailing Address
8044 SOUTHEAST CARLTON STREET HOBE SOUND FL	P O BOX 8042 HOBE SOUND FL 33475 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/22/1993
3a. Date of Last Report: 04/26/1994
4. FEI Number: 65-0353439 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

TOWNER, JOANNE
8044 SOUTHEAST CARLTON STREET
HOBE SOUND FL

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	TOWNER, JOANNE	1.2 NAME	JOHNSEN, MARY	
STREET ADDRESS	8044 SOUTHEAST CARLTON STREET	1.3 STREET ADDRESS	9291 DUNCAN ST	
CITY-ST-ZIP	HOBE SOUND FL	1.4 CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	ROGERS, LINDA	2.2 NAME	FOY, SHELLY	
STREET ADDRESS	7252 SOUTHEAST MULBERRY	2.3 STREET ADDRESS	6668 WOODWIND ST	
CITY-ST-ZIP	HOBE SOUND FL	2.4 CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	SD	3.1 TITLE		☐ Change ☐ Addition
NAME	PRESTEGARD, LOU ANN	3.2 NAME		
STREET ADDRESS	8931 SE EAGLE AVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	HOBE SOUND FL	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	RICHARDS, SHARON	4.2 NAME		
STREET ADDRESS	8816 SE MAY TERR	4.3 STREET ADDRESS		
CITY-ST-ZIP	HOBE SOUND FL	4.4 CITY-ST-ZIP		
TITLE	SD	5.1 TITLE	SD	☒ Change ☐ Addition
NAME	JOHNSON, MARY	5.2 NAME	EVANS, BETTE	
STREET ADDRESS	9291 DUNCAN ST	5.3 STREET ADDRESS	8571 SE SOUNDINGS PLACE	
CITY-ST-ZIP	HOBE SOUND FL	5.4 CITY-ST-ZIP	HOBE SOUND, FL 33455	
TITLE		6.1 TITLE	VD	☐ Change ☒ Addition
NAME		6.2 NAME	PAT WOLFE	
STREET ADDRESS		6.3 STREET ADDRESS	4862 SE HEARTLEAF TERR	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	HOBE SOUND, FL 33455	

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)(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: Sharon M. Richards SHARON RICHARDS 2-18-95 407 546-8305
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0087410