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May 01 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 # 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 33475-8042 US

3. Date Incorporated or Qualified: 03/22/1993
3a. Date of Last Report: 04/22/1996

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

4. FEI Number: 65-0353439 ☐ 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

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 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 _____ 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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	EVANS, ELIZABETH		1.2 NAME		
STREET ADDRESS	8571 SE SOUNDINGS PLACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOBE SOUND FL		1.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	HERB, JOYCE		2.2 NAME	BENEDICT, HEATHER	
STREET ADDRESS	6003 ORANGE BLOSSOM TRAIL		2.3 STREET ADDRESS	6432 SE SHERWOOD STREET	
CITY-ST-ZIP	HOBE SOUND FL		2.4 CITY-ST-ZIP	HOBE SOUND FL	
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	TOWNER, JOANNE		3.2 NAME		
STREET ADDRESS	8044 SE CARLTON ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	HOBE SOUND FL		3.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	RICHARDS, SHARON		4.2 NAME	JOHNSON, MARY	
STREET ADDRESS	8816 SE MAY TERR		4.3 STREET ADDRESS	929 SE DUNCAN ST	
CITY-ST-ZIP	HOBE SOUND FL		4.4 CITY-ST-ZIP	HOBE SOUND FL	
TITLE	TD	☒ DELETE	5.1 TITLE	TD	☒ Change ☐ Addition
NAME	PRESTEGARD, LOU ANN		5.2 NAME	MURRAY, BARBARA	
STREET ADDRESS	8931 SE EAGLE AVE		5.3 STREET ADDRESS	7763 SE BAY CEDAR CIRCLE	
CITY-ST-ZIP	HOBE SOUND FL		5.4 CITY-ST-ZIP	HOBE SOUND FL	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: Barbara L Murray TREASURER — April 16, 1997 — (561) 221-6421
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0044471
BARBARA L MURRAY TREASURER