

FILE NOW: FILING FEE IS \$61.25

FILED

May 16 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 # N94000001425 (7)

1. Corporation Name

EUSTIS BUSINESS AND PROFESSIONAL WOMEN'S CLUB, I
NC.

Principal Place of Business

P.O. BOX 1802
EUSTIS FL 32727-1802

Mailing Address

P.O. BOX 1802
EUSTIS FL 32727-1802



3. Date Incorporated or Qualified
03/18/1994

3a. Date of Last Report
06/26/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

BREWER, MARY SUE
3805 OHIO AVENUE
MOUNT DORA FL 32757

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Zip

30

Country

4. FEI Number

59-6139548

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,

Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

MARIE P. CARASIMS

82 Street Address (P.O. Box Number is Not Acceptable)

16814 LAKEVIEW AVE

83

84 City

BONA VISTA

FL

85 Zip Code

32884

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 *Marie P. Carasims*

(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 VIRGINIA, PETER
STREET ADDRESS 501 BLUE BERRY DR.
CITY-ST-ZIP EUSTIS FL 32728

TITLE VP ☒ DELETE

NAME CRUMANS, ESTELLA
STREET ADDRESS 1403 ORANGE ST.
CITY-ST-ZIP MOUNT DORA FL 32757

TITLE VP ☒ DELETE

NAME EWENGEIST, MARY K
STREET ADDRESS 2327 ALICE AVE.
CITY-ST-ZIP EUSTIS FL 32727

TITLE SD ☒ DELETE

NAME PETERS, KAREN
STREET ADDRESS 27848 N. DEERWOOD DR.
CITY-ST-ZIP EUSTIS FL 32728

TITLE T ☒ DELETE

NAME CARASIMS, MARIE P
STREET ADDRESS 16814 LAKEVIEW
CITY-ST-ZIP BONA VISTA FL 32884

TITLE D ☒ DELETE

NAME MABRY, LILA
STREET ADDRESS 1030 S GROVE
CITY-ST-ZIP EUSTIS FL 32727

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME BETTIE K. SALSBERY
1.3 STREET ADDRESS 14 EDgewater DRIVE
1.4 CITY-ST-ZIP TAVARES FL 32778-4104

2.1 TITLE VP ☒ Change ☐ Addition

2.2 NAME MARY K ZIEBENGHEIST
2.3 STREET ADDRESS 315 Indian Trail INDIAN
2.4 CITY-ST-ZIP EUSTIS FL 32726

3.1 TITLE VP ☒ Change ☐ Addition

3.2 NAME KAREN PETERS
3.3 STREET ADDRESS 37848 N. DEERWOOD DR.
3.4 CITY-ST-ZIP EUSTIS FL 32726

4.1 TITLE SD ☒ Change ☐ Addition

4.2 NAME CHERYL A HAUER
4.3 STREET ADDRESS 11427 LAKEVIEW DR.
4.4 CITY-ST-ZIP LAKEVIEW FL 32788

5.1 TITLE T ☒ Change ☐ Addition

5.2 NAME ELIZABETH DOWNS
5.3 STREET ADDRESS 1135 MORNINGSIDE DR.
5.4 CITY-ST-ZIP EUSTIS FL 32726

6.1 TITLE D ☒ Change ☐ Addition

6.2 NAME LILA A MABRY
6.3 STREET ADDRESS 1030 S GROVE ST
6.4 CITY-ST-ZIP EUSTIS FL 32727

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: *Lila A Mabry* 4-18-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0013786

CR2E037 (9/96)