


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998	 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

Mailing Address

P.O. BOX 1802
EUSTIS FL 32727-1802

P.O. BOX 1802
EUSTIS FL 32727-1802

3. Date Incorporated or Qualified

03/18/1994

4. FEI Number

59-6139548

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARASIMS, MARIE P
16814 LAKEVIEW AVE
BUENA VISTA FL 32884

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SALSBERY, BETTIE	
STREET ADDRESS	14 EDGEWATER DR	
CITY-ST-ZIP	TAVARES FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	ZIEGENGEIST, MARY	
STREET ADDRESS	3151 INDIAN TRAIL	
CITY-ST-ZIP	EUSTIS FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	PETERS, KAREN	
STREET ADDRESS	37848 N DEERWOOD DR	
CITY-ST-ZIP	EUSTIS FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HAUSER, CHERYL	
STREET ADDRESS	11427 LAKEVIEW DR	
CITY-ST-ZIP	LEEESBURG FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	DOWNS, ELIZABETH	
STREET ADDRESS	1135 MORNINGSIDE DR	
CITY-ST-ZIP	EUSTIS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MABRY, LILA	
STREET ADDRESS	1030 S GROVE	
CITY-ST-ZIP	EUSTIS FL 32727	

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Mary Ziegegeist	
1.3 STREET ADDRESS	3151 Indian Trail	
1.4 CITY-ST-ZIP	Eustis FL 32726	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Helene Osborne-Ponsi	
2.3 STREET ADDRESS	12024 Lake Pines Rd	
2.4 CITY-ST-ZIP	Leesburg, FL. 34788	
3.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Sue Brewer	
3.3 STREET ADDRESS	3805 Ohio Ave	
3.4 CITY-ST-ZIP	Mt. Dora, FL. 32757	
4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Kathleen Korem-Sperry	
4.3 STREET ADDRESS	720 Lake Dora	
4.4 CITY-ST-ZIP	Tavares, FL. 32778	
5.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Cleme L. Dipilla	
5.3 STREET ADDRESS	19451 Spring Oak Dr.	
5.4 CITY-ST-ZIP	Eustis, FL. 32736	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Virginia Peter	
6.3 STREET ADDRESS	501 Blueberry Dr.	
6.4 CITY-ST-ZIP	Eustis, FL. 32726	

14. I 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5 27 98

CR2E037 (5/98)