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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000004479

1. Corporation Name

HIGHS SPRINGS NEW CENTURY WOMAN'S CLUB, INC.

Principal Place of Business	Mailing Address
40 NW 1ST AVE. HIGH SPRINGS FL 32643	MARY HALEY ROUTE 1 BOX 3840 FT. WHITE FL 32038

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 08/26/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2401019 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

HALEY, MARY
ROUTE 1 BOX 3840
FT. WHITE FL 32038

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	HARLAN, RUTH		1.2 NAME		
STREET ADDRESS	18509 NW 272ND TERRACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	HIGH SPRINGS FL 32643		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GILES, ELAENE C		2.2 NAME		
STREET ADDRESS	6005 SW 36TH WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32608		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	UNDERWOOD, CHERRY		3.2 NAME		
STREET ADDRESS	15530 NE 11TH STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	WILLISTON FL 32696		3.4. CITY-ST-ZIP		
TITLE	SD	XX DELETE	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	JOHNSON, JUANITA O		4. 2 NAME	WALKER, CARMEN	
STREET ADDRESS	30 SW FIRST STREET		4.3 STREET ADDRESS	R.1. Box 60C	
CITY-ST-ZIP	HIGH SPRINGS FL 32643		4.4 CITY-ST-ZIP	ALACHUA, FL 32615	
TITLE	SD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	TURNER, LINDA C		5.2 NAME		
STREET ADDRESS	220 SW FIRST STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	HIGH SPRINGS FL 32643		5.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HALEY, MARY H.		6.2 NAME		
STREET ADDRESS	ROUTE 1, BOX 3840		6.3 STREET ADDRESS		
CITY-ST-ZIP	FORT WHITE FL		6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: Mary H. Haley SIGNATURE REQUIRED MARY H. HALEY, TREAS/DIR. 04-07-99 (904)454-4966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)