## 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N9700002759  1. Entity Name THE WOMAN'S CLUB OF STARKE, INC.								FILED  08 NOV -6 PH 4: 21		
Principal Place of Business 201 N WALNUT ST STARKE, FL 32091			Mailing Address P O BOX 951 STARKE, FL 32091 US					SOD1 SECRETAL DETAILS 11/06/080191 EARDINSE FARGONDA		
2. Principal Place of Business - No P.O. Box #			3. Maili	ing Address						
Suite, Apt. #, etc.			Sui				ROOS WEEK WOOD IN	<b>3</b> °		
City & State			City & State				4. FEI Number			
Zip	Zip Country		Zip	Zip		Country		5. Certificate of Status Desired \$8.75 Additional Fee Required		
	6. Name	and Address of Current	t Registere	egistered Agent			7. Name and Address of New Registered Agent			
ROGERS;	JOAN T					Name INA BET				
1304 SEAR	RING STR		=	Str			et Address (P.O. Box Number is Not Acceptable)			
STARKE, F	L 32091						762 N. WALNUT ST			
						City		exe FL 3289/		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept										
the obligations of registered agent.  SIGNATURE Long Constance But Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
FILE NOW!!! FEE IS \$61.25  After January 1, 2009, Fee will be \$122.50  In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  Make check payable to Florida Department of State										
10.		OFFICERS AND D	IRECTORS	<del></del>	11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P Delete					: [	PRE			
NAME	ROGERS, JOAN					E	<b>TUI</b>	A CONSTANCE REST		
STREET ADORESS	1304 SEANING ST					ET ADDRESS -ST-ZIP	70.	DO N WALNUT ST		
CITY-ST-ZIP	STARKE, FL 32091							TARKE, FL 32091  CEASURER		
TITLE NAME	T TOMSIE, NANCY					E		CRUELYN TOTURA Grange Addition		
STREET ADDRESS	8371 SE 100 WEST					STREET ADDRESS 12695 US 301 S.				
CITY-ST-ZIP	STARKE, FL 32091					-ST-ZIP	57	TARKE, FL 32091		
TITLE	٧			Delete	TITL	ı Y	'ড	OANNE ROWE Grange Addition		
NAME	HAZEN, C				NAM	· I	94	1326 SW 163 10 ST		
STREET ADORESS - CITY-ST-ZIP	-13870 SR	.21 - R, FL 32622		- <del></del>		ET ADDRESS - -ST-ZIP		TRAUL EL BOOK		
<del></del>	V			Delete	TITL		<u> </u>	TARKE, FL 32091		
TITLE NAME	TEAL, VIC	KIE		Delete	NAM	- 1	6 L	SIT BESSENT Rd.		
STREET ADDRESS CITY-ST-ZIP	PO DRAW STARKE,	ÆR D				ET ADDRESS -ST-ZIP		TARKE, FL 32091		
TITLE	S	12 02007		☐ Delete	TITL	_	Soc	C - Addition		
NAME		MONTEREY			NAM		mo	ONTEREY WASDIN		
STREET ADDRESS	PO BOX 1					EET ADDRESS '-ST-ZIP	P	0.0. 129 0.0. 129		
CITY-ST-ZIP TITLE	V STARKE,	FL 32091		☐ Delete	TITL		<del>-</del>	STARKE, FL 3209		
NAME	MORROW, JACKIE				NAM	1E	,7	TACKIE MORROW		
STREET ADDRESS						EET ADDRESS '-ST-ZIP	•	243 140 TERK		
CITY-ST-ZIP			with this fills	a does not qualify				STARKE FL 32091		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.										
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DELECTOR Date Date Date Date Date Date Date Date										