

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N27205 (6)**  
1. Corporation Name  
**THE LADIES ART AND SOCIAL CLUB INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**LUCILLE C. ALEXANDER** **LUCILLE C. ALEXANDER**  
2948 HUNTINGTON DRIVE 2948 HUNTINGTON DRIVE  
TALLAHASSEE FL 32312 TALLAHASSEE FL 32312

3. Date Incorporated or Qualified **06/29/1988** 3a. Date of Last Report **02/02/1994**  
4. FBI Number **59-2919655** 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  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75** Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

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

g. Name and Address of Current Registered Agent  
**WRIGHT, ELOISE F.**  
**316 BARBOURVILLE DRIVE**  
**TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Allowed) **700001466357**  
**-04/27/95--01039--005**  
83 **\*\*\*\*130.00 \*\*\*\*130.00**  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WRIGHT, ELOISE F.</b>	1.2 NAME	<b>Wright, Eloise F</b>
STREET ADDRESS	<b>316 BARBOURVILLE DRIVE</b>	1.3 STREET ADDRESS	<b>316 Barbourville Drive</b>
CITY - ST - ZIP	<b>TALLAHASSEE FL</b>	1.4 CITY - ST - ZIP	<b>Tallahassee, FL</b>
TITLE	<b>D</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANDERSON, DORA H.</b>	2.2 NAME	<b>Anderson, Dora H</b>
STREET ADDRESS	<b>222 OSCEOLA STREET</b>	2.3 STREET ADDRESS	<b>222 Osceola Street</b>
CITY - ST - ZIP	<b>TALLAHASSEE FL</b>	2.4 CITY - ST - ZIP	<b>Tallahassee, FL</b>
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EATON, LEATHEA</b>	3.2 NAME	<b>Eaton, Leathea</b>
STREET ADDRESS	<b>2553 LONNBLADH ROAD</b>	3.3 STREET ADDRESS	<b>2553 Lonnbladh Road</b>
CITY - ST - ZIP	<b>TALLAHASSEE FL 32308</b>	3.4 CITY - ST - ZIP	<b>Tallahassee, FL 32308</b>
TITLE	<b>D</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALEXANDER, LUCILLE C.</b>	4.2 NAME	<b>Alexander, Lucille C.</b>
STREET ADDRESS	<b>2948 HUNTINGTON DRIVE</b>	4.3 STREET ADDRESS	<b>2948 Huntington Drive</b>
CITY - ST - ZIP	<b>TALLAHASSEE FL</b>	4.4 CITY - ST - ZIP	<b>Tallahassee, FL</b>
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>Ada P. Burnette</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>3235 Shamrock East</b>
CITY - ST - ZIP		5.4 CITY - ST - ZIP	<b>Tallahassee, FL 32308</b>
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: *Lucille C. Alexander* **4/25/95**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE