

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N27205** (6)

1. Corporation Name

THE LADIES ART AND SOCIAL CLUB INC.



Principal Place of Business

Mailing Address

%LUCILLE C. ALEXANDER
2948 HUNTINGTON DRIVE
TALLAHASSEE FL 32312

%LUCILLE C. ALEXANDER
2948 HUNTINGTON DRIVE
TALLAHASSEE FL 32312

3. Date Incorporated or Qualified
06/29/1988

3a. Date of Last Report
04/25/1995

21 2. Principal Place of Business
90 Rosalyn B. Greene

2a 26 Mailing Address
90 Rosalyn B. Greene

4. FEI Number
59-2919655

Applied For
Not Applicable

22 Suite, Apt. #, etc.
704 Gamble Street

27 Suite, Apt. #, etc.
704 Gamble Street

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 City & State
Tallahassee, Florida

28 City & State
Tallahassee, Florida

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip
32310

25 Country
USA

29 Zip
32310

30 Country
USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WRIGHT, ELOISE F.
316 BARBOURVILLE DRIVE
TALLAHASSEE FL 32301**

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	PE <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, ELOISE F.	1.2 NAME	
STREET ADDRESS	316 BARBOURVILLE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, DORA H.	2.2 NAME	
STREET ADDRESS	222 OSCEOLA STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EATON, LEATHEA	3.2 NAME	
STREET ADDRESS	2553 LONNBLADH ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER, LUCILLE C.	4.2 NAME	
STREET ADDRESS	2948 HUNTINGTON DRIVE	4.3 STREET ADDRESS	Rosalyn B. Greene
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	704 Gamble Street
TITLE	DV <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNETTE, ADA P	5.2 NAME	
STREET ADDRESS	3235 SHAMROCK EAST	5.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	5.4 CITY-ST-ZIP	Tallahassee, Florida 32310
TITLE	<input type="checkbox"/> DELETE	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 119.07(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: **Rosalyn B. Greene**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 15, 1996 904-487-1896

Date Daytime Phone #

CR2E037 (12/95)