## FILE NOW: FILING FEE IS \$61.25

NONPROFIT Feb 10 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT # (6)THE LADIES ART AND SOCIAL CLUB INC. Principal Place of Business Mailing Address C/O ROSALYN B. GREENE C/O ROSALYN B. GREEN 3. Date Incorporated or Qualified 704 GAMBLE STREET 704 GAMBLE STREET 06/29/1988 TALLAHASSEE FL 32310 TALLAHASSEE FL 32310 4. FEI Number Applied For 59-2919655 Not Applicable 2. Principal Place of Business Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. Election Campaign Financing \$5.00 May Be 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 28 Yes No Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GREENE, ROSALYN 82 Street Address (P.O. Box Number is Not Acceptable) 704 GAMBLE ST. TALLAHASSEE FL 32310 63 84 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE DELETE 1.1 TITLE ☐ Addition Change ANDERSON, DORA H. 1.2 NAME 222 OSCEOLA STREET STREET ADORESS 1.3 STREET ADDRESS TALLAHASSEE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP ns DELETE TITLE 2.1 TITLE Secretary Dorothy 808 Wind Change Addition EATON, LEATHEA NAME 2.2 NAME 2553 LONNBLADH ROAD STREET ADDRESS 2.3 STREET ADDRESS Lane TALLAHASSEE FL 32308 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE ☐ Change \_\_\_ Addition ROSALYN B. GREENE NAME 3.2 NAME 704 GAMBLE STREET STREET ADDRESS 3.3 STREET ADDRESS TALLAHASSEE FL CITY-ST-ZIP 3.4. CITY-ST-ZIP BURNETTE, ADA P DELETE TITLE 4.1 TITLE Addition NAME 4. 2 NAME 3235 SHAMROCK EAST STREET ADDRESS 4.3 STREET ADDRESS TALLAHASSEE FL 32308 CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE Vice President 5.1 TITLE Change NAME 5.2 NAME Jerrlyne Jackson STREET ADDRESS 5.3 STREET ADDRESS 3113 Brookeidge Dr Tallahassee Fa 3 CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE 000002426460 Change Addition NAME 6.2 NAME -02/10/98--01037--008 STREET ADDRESS **6.3 STREET ADDRESS** \*\*\*61.25 CITY-ST-ZIP 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), Fiorida 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 13 if changed, or on an attachment with an address.

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THANK A THE STATE OF

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