FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 08, 1999 8:00 am § Secretary of State

03-08-1999 90094 047 ****61.25

| DOCL | JMENT | - # | N2 | 7205 |
|------|-------------------------|--------------------|-----|----------|
| | $JIVI \blacksquare IVI$ | $\boldsymbol{\pi}$ | 114 | <i>-</i> |

1. Corporation Name

THE LADIES ART AND SOCIAL CLUB INC.

Principal Place of Business C/O ROSALYN B. GREENE 704 GAMBLE STREET

City P State

GREENE, ROSALYN 704 GAMBLE ST. TALLAHASSEE FL 32310

24

Mailing Address C/O ROSALYN B. GREEN E 704 GAMBLE STREET

City & State

| TALLAHASSEE FL 32310 US | TALLAHASSEE FL 32310 US | ונם אנום ומנוסס גומנון מימסר נוגנון מנס ומנונוספו ו | 1 הפנים הנסוים הנסגים הנסגים הנסגים הצונים הסנטים הנסניה שנסטיו הנקונו סווס הפההוסויה. | | | |
|--------------------------------|----------------------------|---|--|--|--|--|
| 2. Principal Place of Business | 2a. Mailing Address | Date Incorporated or Qualifed Octoo (4009) | | | | |
| 21 | 26 | 06/29/1988 | | | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 4. FEI Number | Applied For | | | |
| | 27 | 59-29 19655 | Not Applicab | | | |

| nty & Olale | | 28 | | 5. Certifcate of Status Desired | Ц |
|-------------|---------|-----|---------|---------------------------------|---|
| lip | Country | Zip | Country | 6. Election Campaign Financing | |

| : | 25 | 29 | 30 | Trust Fund Co |
|---------|--------------------------|------------------|----|-----------------|
| 9. Name | and Address of Current R | legistered Agent | | 10. Name and Ad |

Fee Required \$5.00 May Be Added to Fees

Registered Agent

| 30 | | Trust Fund Contribution |
|-------|-----|-------------------------|
| Agent | 10. | Name and Address of New |
| | | |

| 81 | Name |
|----|--|
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 | |
| 94 | City R5 Zin Code |

| | I | |
|---|--|--|
| | | the state of the state of the same of the same is a second to the same interest. |
| 1 | 1. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-nam | ed corporation submits this statement for the purpose of changing its registers |
| | To I displant to the provisions of occurred of the oct. | and a first transport to appointment as registered |
| | office or registered agent, or both, in the State of Florida. Such change was authorized by the co | orporation's board of directors, i neighby accept the appointment as registered |
| | and I am familiar with and account the obligations of Section 617 0503. Florida Statutes | |

| SIGNATURE | | | | | DATE | | |
|----------------|---|------------|-----------------------------------|-----------------|-------------------|--|------------|
| | Signature, typed or printed name of registered agent and title if applicable. | (NOTE: Reg | pistered Agent signature required | | ES TO OFFICERS AN | IN DIDECTOR | C IN 12 |
| 12. | OFFICERS AND DIRECTORS | | 13. | ADDITIONS/CHANG | ES TO OFFICERS AN | | |
| TITLE | | DELETE | 1.1 TITLE | | | Change | ☐ Addition |
| NAME | ANDERSON, DORA H. | | 1.2 NAME | | | | |
| STREET ADDRESS | 222 OSCEOLA STREET | | 1.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | TALLAHASSEE FL | | 1.4 CITY-ST-ZIP | | | | |
| TITLE | SD | DELETE | 2.1 TITLE | | | ☐ Change | ☐ Addition |
| NAME | WELLS, DOROTHY | | 2.2 NAME | | | | - { |
| STREET ADDRESS | 808 WINDWARD LANE | | 2.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | TALLAHASSEE FL 32311 | _ | 2.4 CITY-ST-ZIP | | | | |
| TITLE | Τ □ | DELETE | 3.1 TITLE | | | Change | ☐ Addition |
| NAME | ROSALYN B. GREENE | | 3.2 NAME | | | | |
| STREET ADDRESS | 704 GAMBLE STREET | | 3.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | TALLAHASSEE FL | | 3.4. CITY-ST-ZIP | | | | |
| TITLE | PD | DELETE | 4.1 TITLE | | | Change | Addition |
| NAME | Burnette, ada p | | 4. 2 NAME | | , | | |
| STREET ADDRESS | 3235 SHAMROCK EAST | | 4.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | TALLAHASSEE FL 32308 | | 4.4 CITY- \$T-ZIP | | | | |
| TITLE | \ P | DELETE | 5.1 TITLE | | | ☐ Change | ☐ Addition |
| NAME | JACKSON, JERRLYNE | | 5.2 NAME | | | | |
| STREET ADDRESS | 3113 BROOKRIDGE DR. | | 5.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | TALLAHASSEE FL 32310 | | 5.4 CITY+ST+ZIP | | | ······································ | |
| TITLE | | DELETE | 6.1 TITLE | | | . Change | ☐ Addition |
| NAME | | | 6.2 NAME | | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | | |
| | | | 64 CITY-ST-7IP | | | | |

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 chapped, or on an attachment with an address, with all other like empowered.

Not Applicable \$8.75 Additional