

FILE NOW: FILING FEE IS \$61.25

FILED

May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **701807** (0)

1. Corporation Name

PLANTATION JUNIOR WOMAN'S CLUB, INC.

Principal Place of Business

Mailing Address

P.O. BOX 15262
PLANTATION FL 33318P.O. BOX 15262
PLANTATION FL 33318-52623. Date Incorporated or Qualified
12/17/19603a. Date of Last Report
04/17/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐**\$5.00** May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COAN, LANA
317 BAYBERRY DRIVE
PLANTATION FL 33317

81 Name

Susan Phelps

82 Street Address (P.O. Box Number is Not Acceptable)

7321 SW 18 Street

83

84 City

Plantation

FL

85 Zip Code

33317

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



(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	COAN, LANA	
STREET ADDRESS	317 BAYBERRY DR	
CITY - ST - ZIP	PLANTATION FL	

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Susan Phelps	
1.3 STREET ADDRESS	7321 SW 18 Street	
1.4 CITY - ST - ZIP	Plantation FL	

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GONZALEZ, JEAN	
STREET ADDRESS	1861 SW 55TH AVE	
CITY - ST - ZIP	PLANTATION FL	

2.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Lynn Jacobs	
2.3 STREET ADDRESS	842 NW 68 Ave	
2.4 CITY - ST - ZIP	Plantation, FL	

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	TURNER, DONNA	
STREET ADDRESS	7480 NW 11TH PL	
CITY - ST - ZIP	PLANTATION FL	

3.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Erin Manzie	
3.3 STREET ADDRESS	1400 SW 54th Ave	
3.4 CITY - ST - ZIP	Plantation, FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-97

Date

Daytime Phone # 0036663

CR2E037 (9/96)