

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 703312 (9)

1. Corporation Name
WILLISTON JUNIOR WOMAN'S CLUB, INC.



Principal Place of Business: **623 N.E. 2ND AVE. WILLISTON FL 32696**
Mailing Address: **P.O. BOX 416 WILLISTON FL 32696**

3. Date Incorporated or Qualified: **12/11/1961**
3a. Date of Last Report: **09/21/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number 59-0837907	Applied For	
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.			Not Applicable	
23	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
24	Zip	28	Zip	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
25	Country	29	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/>	Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BERGDOLL, DARA 623 N.E. 2ND AVE. WILLISTON FL 32696				81	Name Sharon Sandlin		
				82	Street Address (P.O. Box Number is Not Acceptable) 18251 N.E. 60th St.		
				83	City Williston, FL 32696		
				84	City	FL	85

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: **Sharon Sandlin** *Sharon Sandlin* 5/2/96 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERGDOLL, DARA	1.2 NAME	Sandlin, Sharon
STREET ADDRESS	NE 60TH ST	1.3 STREET ADDRESS	18251 N.E. 60th St.
CITY-ST-ZIP	WILLISTON FL 32696	1.4 CITY-ST-ZIP	Williston, FL 32696
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDLIN, SHARON	2.2 NAME	Fugate, Suzanne
STREET ADDRESS	18251 NE 60TH ST.	2.3 STREET ADDRESS	6570 N.E. 167th Ave
CITY-ST-ZIP	WILLISTON FL 32696	2.4 CITY-ST-ZIP	Williston, FL 32696
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUGATE, JANICE	3.2 NAME	Butts, Karen
STREET ADDRESS	614 NE 10TH BLVD.	3.3 STREET ADDRESS	705 S.W. 3rd St.
CITY-ST-ZIP	WILLISTON FL 32696	3.4 CITY-ST-ZIP	Williston, FL 32696
TITLE	ST <input type="checkbox"/> DELETE	4.1 TITLE	ST <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCOY, CATH	4.2 NAME	McCoy, Cathy
STREET ADDRESS	RT. 3 BOX 2522	4.3 STREET ADDRESS	Rt. 3 Box 2522
CITY-ST-ZIP	WILLISTON FL 32696	4.4 CITY-ST-ZIP	Williston, FL 32696
TITLE	ST <input type="checkbox"/> DELETE	5.1 TITLE	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYRD, LINDA	5.2 NAME	Miller, Tina
STREET ADDRESS	RT 3, BOX 1091	5.3 STREET ADDRESS	Rt. 3 Box 3
CITY-ST-ZIP	WILLISTON FL 32696	5.4 CITY-ST-ZIP	Williston, FL 32696
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	T <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOWLER, DENISE	6.2 NAME	Fowler, Denise
STREET ADDRESS	RT 2 BOX 1850	6.3 STREET ADDRESS	Rt. 2 Box 1850 WH 126
CITY-ST-ZIP	WILLISTON FL 32696	6.4 CITY-ST-ZIP	Williston, FL 32696

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: **Denise Fowler** *Denise Fowler* 5/2/96 DATE

CR2E037 (12/95)