

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 19 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 703312 (9)**  
 1. Corporation Name  
**WILLISTON JUNIOR WOMAN'S CLUB, INC.**



Principal Place of Business <b>623 N.E. 2ND AVE. WILLISTON FL 32696</b>	Mailing Address <b>P.O. BOX 416 WILLISTON FL 32696-0416</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	3. Date Incorporated or Qualified <b>12/11/1961</b>	3a. Date of Last Report <b>05/01/1996</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	4. FEI Number <b>59-0837907</b>	Applied For Not Applicable
City & State <b>23</b>	City & State <b>28</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
Zip <b>24</b>	Country <b>25</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
Zip <b>29</b>	Country <b>30</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>SANDLIN, SHARON</b> <b>18251 NE 60TH ST</b> <b>WILLISTON FL 32696</b>		81 Name	
		82 Street Address (P.O. Box Number Is Not Acceptable)	
		83	
		84 City	<b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANDLIN, SHARON</b>	1.2 NAME	
STREET ADDRESS	<b>18251 NE 60TH ST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WILLISTON FL</b>	1.4 CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FUGATE, SUZANNE</b>	2.2 NAME	<b>Miller, Tina</b>
STREET ADDRESS	<b>6570 NE 167TH AVE</b>	2.3 STREET ADDRESS	<b>Rt 3 Box 3</b>
CITY-ST-ZIP	<b>WILLISTON FL</b>	2.4 CITY-ST-ZIP	<b>Williston, Fl 32696</b>
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUTTS, KAREN</b>	3.2 NAME	
STREET ADDRESS	<b>709 SW 3RD ST</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WILLISTON FL</b>	3.4 CITY-ST-ZIP	
TITLE	ST <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCCOY, CATH</b>	4.2 NAME	<b>Cason, Trina</b>
STREET ADDRESS	<b>RT. 3 BOX 2522</b>	4.3 STREET ADDRESS	<b>Co Rd 322</b>
CITY-ST-ZIP	<b>WILLISTON FL 32696</b>	4.4 CITY-ST-ZIP	<b>Williston, Fl 32696</b>
TITLE	ST <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MILLER, TINA</b>	5.2 NAME	<b>CurI, Cindy</b>
STREET ADDRESS	<b>RT 3 BOX 3</b>	5.3 STREET ADDRESS	<b>Rt 1 Box 4992</b>
CITY-ST-ZIP	<b>WILLISTON FL</b>	5.4 CITY-ST-ZIP	<b>Williston, FL 32696</b>
TITLE	T <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FOWLER, DENISE</b>	6.2 NAME	<b>Seay, Melissa</b>
STREET ADDRESS	<b>RT 2 BOX 1850</b>	6.3 STREET ADDRESS	<b>3750 NE 170th Ave.</b>
CITY-ST-ZIP	<b>WILLISTON FL 32696</b>	6.4 CITY-ST-ZIP	<b>Williston, Fl 32696</b>

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: Sandra B. Mortham 5-1-97 352-528-6714  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0011804

CR2E037 (9/96)