


FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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
4. FEI Number: 59-0837907
Applied For: Not Applicable

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
SANDLIN, SHARON
18251 NE 60TH ST
WILLISTON FL 32696

10. Name and Address of New Registered Agent
81 Name: Cathy McCoy
82 Street Address (P.O. Box Number is Not Acceptable): 15450 NE 51st Place
83 City: Williston, FL 32696
84 City: Williston, FL 85 Zip Code: 32696

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: *Cathy McCoy* (NOTE: Registered Agent signature required when reinstating) DATE: 5-1-98

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SANDLIN, SHARON	
STREET ADDRESS	18251 NE 60TH ST	
CITY-ST-ZIP	WILLISTON FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, TINA	
STREET ADDRESS	RT. 3 BOX 3	
CITY-ST-ZIP	WILLISTON FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	BUTTS, KAREN	
STREET ADDRESS	709 SW 3RD ST	
CITY-ST-ZIP	WILLISTON FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	CASON, TINA	
STREET ADDRESS	CO RD. 322	
CITY-ST-ZIP	WILLISTON FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	CURL, CINDY	
STREET ADDRESS	RT. 1 BOX 4992	
CITY-ST-ZIP	WILLISTON FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SEAY, MELISSA	
STREET ADDRESS	3780 NE 170TH AVE.	
CITY-ST-ZIP	WILLISTON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Cathy McCoy	
1.3 STREET ADDRESS	15450 NE 51st Place	
1.4 CITY-ST-ZIP	Williston, FL 32696	
2.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Janice Fugate	
2.3 STREET ADDRESS	614 NE 10th Blvd	
2.4 CITY-ST-ZIP	Williston, FL 32696	
3.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Sheila Melton	
3.3 STREET ADDRESS	612 NE 10th Blvd	
3.4 CITY-ST-ZIP	Williston, FL 32696	
4.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Lonnie Phillips	
4.3 STREET ADDRESS	2851 NE 165th Terr	
4.4 CITY-ST-ZIP	Williston, FL 32696	
5.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Jennifer Stull	
5.3 STREET ADDRESS	5005 NE 153rd Ave	
5.4 CITY-ST-ZIP	Williston, FL 32696	
6.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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), 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: *Cathy McCoy* 5-1-98 (352) 528-4436

CR2E037 (10/97)