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**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90027 003 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 703312**

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

4 9 9 8 9 1 \*  
 499091 - 90027 - 3



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified

12/11/1961

4. FEI Number

59-0837907

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Election Campaign Financing  
 Trust Fund Contribution

**\$5.00** May Be  
 Added to Fees

9. Name and Address of Current Registered Agent

**MCCOY, CATHY**  
 154450 N E 51ST PLACE  
 WILLISTON FL 32696

10. Name and Address of New Registered Agent

81 Name **Phillips, Lonnie**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**2851 NE 165th Terr**  
 83  
 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 *Lonnie Phillips*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-29-99

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MCCOY, CATHY	
STREET ADDRESS	15450 NE 51ST PLACE	
CITY-ST-ZIP	WILLISTON FL 32696	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	FUGATE, JANICE	
STREET ADDRESS	614 NE 10TH BLVD	
CITY-ST-ZIP	WILLISTON FL 32696	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MELTON, SHEILA	
STREET ADDRESS	612 NE 10TH BLVD	
CITY-ST-ZIP	WILLISTON FL 32696	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	PHILLIPS, LONNIE	
STREET ADDRESS	2851 NE 165TH TERR	
CITY-ST-ZIP	WILLISTON FL 32696	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	STULL, JENNIFER	
STREET ADDRESS	5005 NE 153RD AVE	
CITY-ST-ZIP	WILLISTON FL 32696	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SEAY, MELISSA	
STREET ADDRESS	3750 NE 170TH AVE.	
CITY-ST-ZIP	WILLISTON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Phillips, Lonnie	
1.3 STREET ADDRESS	2851 NE 165th Terr	
1.4 CITY-ST-ZIP	Williston, FL 32696	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Denise Fowler	
2.3 STREET ADDRESS	115 SE 5th Ave	
2.4 CITY-ST-ZIP	Williston, FL 32696	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Petteway, Brandy	
4.3 STREET ADDRESS	2891 NE 167th Ave	
4.4 CITY-ST-ZIP	Williston, FL 32696	
5.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Seay, Melissa	
5.3 STREET ADDRESS	3750 NE 170th Ave	
5.4 CITY-ST-ZIP	Williston, FL 32696	
6.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Stull, Jennifer	
6.3 STREET ADDRESS	5005 NE 153rd Ave.	
6.4 CITY-ST-ZIP	Williston, FL 32696	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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 to an address, with all other like empowered.

SIGNATURE: *Melissa Seay* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 29, 1999

Date Daytime Phone #

352-528-3101

CR2E037 (11/98)