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May 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 706371 (2)
1. Corporation Name
THE FORT MYERS BEACH WOMAN'S CLUB, INCORPORATED



Principal Place of Business: 175 STERLING AVENUE, FT MYERS BEACH FL 33931, US
Mailing Address: PO BOX 22, FT MYERS BEACH FL 33931-1281, US

3. Date Incorporated or Qualified: 11/05/1963
3a. Date of Last Report: 03/29/1996
4. FEI Number: 59-6133785
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 175 Sterling Ave., 22 Suite, Apt. #, etc., 23 City & State: Ft. Myers Beach, Fla., 24 Zip: 33931, 25 Country: USA
2a. Mailing Address: 26 P.O. Box 22, 27 Suite, Apt. #, etc., 28 City & State: Ft. Myers Beach, Fl., 29 Zip: 33931, 30 Country: USA

9. Name and Address of Current Registered Agent: PEDERSON, KJELL, 2555 ESTERO BLVD., FT MYERS BCH FL 33931

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 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: _____ (NOTE: Registered Agent signature required when reinstating) 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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIXON, HELEN	1.2 NAME	Dixon, Helen
STREET ADDRESS	185 IBIS STREET	1.3 STREET ADDRESS	185 Ibis Street
CITY-ST-ZIP	FT MYERS BEACH FL	1.4 CITY-ST-ZIP	Ft. Myers Beach, Fl.
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KERIGAN, VIRGINIA	2.2 NAME	Julie Robinson
STREET ADDRESS	271 RANDY LANE	2.3 STREET ADDRESS	66 Nancy La.
CITY-ST-ZIP	FT MYERS BEACH FL	2.4 CITY-ST-ZIP	Ft. Myers Beach, Fl.
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RADIGAN, RITA	3.2 NAME	Barbara Nalli
STREET ADDRESS	16 MOA COURT #12	3.3 STREET ADDRESS	7150 Estero Blvd.
CITY-ST-ZIP	FT MYERS FL	3.4 CITY-ST-ZIP	Ft. Myers Beach, Fl.
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	SS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, JULIA	4.2 NAME	Joanne Mishler
STREET ADDRESS	6E NANCY LANE	4.3 STREET ADDRESS	13201 Greywood Cr.
CITY-ST-ZIP	FT MYERS BEACH FL	4.4 CITY-ST-ZIP	Ft. Myers Beach, Fl.
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	S <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRUEGER, JERRY	5.2 NAME	Jerry Krueger
STREET ADDRESS	127 BAY MAR DRIVE	5.3 STREET ADDRESS	127 Bay Mar Dr.
CITY-ST-ZIP	FT MYERS BEACH FL	5.4 CITY-ST-ZIP	Ft. Myers Beach, Fl.
TITLE	TD <input type="checkbox"/> DELETE	6.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MISKE, PAT	6.2 NAME	Rita Radigan
STREET ADDRESS	514 SUGAR PINE LANE	6.3 STREET ADDRESS	16 Moa Ct.
CITY-ST-ZIP	NAPLES FL	6.4 CITY-ST-ZIP	Ft. Myers, Fl.

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: Rita Radigan **FOURTH** RADIGAN 4/23/97 941-433-5031

CR2E037 (9/96)