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 # **707351** **(3)**

1. Corporation Name

SATELLITE BEACH WOMAN'S CLUB, INC.

Principal Place of Business	Mailing Address
770 POINSETTA DRIVE P.O. BOX 3722-82 SATELLITE BCH FL 32937-9282	770 POINSETTA DRIVE P.O. BOX 3722-82 SATELLITE BCH FL 32937-9282

3. Date Incorporated or Qualified: 05/26/1964
3a. Date of Last Report: 04/28/1995

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

4. FEI Number: 59-1710747 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HOBGOOD, DIANE
770 POINSETTA DRIVE
SATELLITE BEACH FL 32937

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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	TD	☒ DELETE	1.1 TITLE	President P/D	☒ Change ☐ Addition
NAME	GARNETT, AUDREY		1.2 NAME	Olive Leonard	
STREET ADDRESS	675 BARCELONA CT		1.3 STREET ADDRESS	205 Wilson Ave.	
CITY-ST-ZIP	SATELLITE BEACH FL		1.4 CITY-ST-ZIP	Satellite Beach, FL 32937	
TITLE	PD	☒ DELETE	2.1 TITLE	V/D	☒ Change ☐ Addition
NAME	ZOLNER, KATHY		2.2 NAME	Elizabeth Phillips	
STREET ADDRESS	1370 SUNRISE AVE		2.3 STREET ADDRESS	215 Chalet Ave	
CITY-ST-ZIP	SATELLITE BCH, FL 00000		2.4 CITY-ST-ZIP	Indialantic, FL 32903	
TITLE	VPD	☒ DELETE	3.1 TITLE	V	☒ Change ☐ Addition
NAME	DAVISON, BETH		3.2 NAME	Annette Kintigh	
STREET ADDRESS	443 BRIDGETOWN CT		3.3 STREET ADDRESS	255 Lynn Ave	
CITY-ST-ZIP	SATELLITE BCH FL		3.4 CITY-ST-ZIP	Satellite Beach, FL 32937	
TITLE	VP	☒ DELETE	4.1 TITLE	S	☒ Change ☐ Addition
NAME	BRUGMAN, MARGARET		4.2 NAME	Ann Kirchhoff	
STREET ADDRESS	210 SHERWOOD AVE		4.3 STREET ADDRESS	331 Lee Ave	
CITY-ST-ZIP	SATELLITE BCH FL		4.4 CITY-ST-ZIP	Satellite Beach, FL 32937	
TITLE	S	☒ DELETE	5.1 TITLE	S	☒ Change ☐ Addition
NAME	HOBGOOD, DIANE		5.2 NAME	Joan Hoover	
STREET ADDRESS	770 POINSETTA DR		5.3 STREET ADDRESS	1208 Seminole Drive	
CITY-ST-ZIP	SATELLITE BEACH FL		5.4 CITY-ST-ZIP	Indian Harbour Beach, FL 32937	
TITLE	S	☒ DELETE	6.1 TITLE	T/D	☒ Change ☐ Addition
NAME	KIFFER, JANAN		6.2 NAME	Sadie Baker	
STREET ADDRESS	455 PT ROYAL BLVD		6.3 STREET ADDRESS	685 Grant Court	
CITY-ST-ZIP	SATELLITE BEACH FL		6.4 CITY-ST-ZIP	Satellite Beach, FL 32937	

CR2E037 (12/95)

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: Audrey Garnett Audrey Garnett April 28, 1996 773-7733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Board Meeting took place May 1996