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Apr 30 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 # 710264 (3)
1. Corporation Name
FORT LAUDERDALE WOMAN'S CLUB, INC.

Principal Place of Business: 15 SE 1ST ST AT ANDREWS AVE FT LAUDERDALE FL 33301
Mailing Address: 15 SE 1ST ST AT ANDREWS AVE FT LAUDERDALE FL 33301



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

3. Date Incorporated or Qualified: 01/10/1966
3a. Date of Last Report: 04/10/1996
4. FEI Number: 59-0673290
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$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
DUDA, DOROTHY
2701 MIDDLE RIVER DRIVE
FT LAUDERDALE FL 33306

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: *Dorothy Duda* DATE: 4/19/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	O'REILLY, MARI 1617 SE 15TH ST, #305 FT LAUDERDALE FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: PD 1.2 NAME: COX, ILO 1.3 STREET ADDRESS: 1928 N.E. 7th Ct. 1.4 CITY-ST-ZIP: FT LAUDERDALE FL
TITLE: VD	BARBER, LEONA 777 BAYSHORE DR, #803 FT LAUDERDALE FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: VD 2.2 NAME: SALG, EDNA 2.3 STREET ADDRESS: 1649 S.E. 12th Ct. 2.4 CITY-ST-ZIP: FT LAUDERDALE FL
TITLE: D	KASKA, JANET 345 N ATLANTIC BLVD, #907 FT LAUDERDALE FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: D 3.2 NAME: O'REILLY, MARI 3.3 STREET ADDRESS: 1617 S.E. 15th St. #305 3.4 CITY-ST-ZIP: FT LAUDERDALE FL
TITLE: SD	CARTWRIGHT, DOROTHY 2417 NE 27TH TERR FT LAUDERDALE FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: SD 4.2 NAME: LEEDS, BETTY 4.3 STREET ADDRESS: 1900 S. OCEAN DRIVE #1511 4.4 CITY-ST-ZIP: FT LAUDERDALE FL
TITLE: TD	DUDA, DOROTHY 2701 MIDDLE RIVER DR, #14 FT LAUDERDALE FL	<input type="checkbox"/> DELETE	5.1 TITLE: TD 5.2 NAME: DUDA, DOROTHY 5.3 STREET ADDRESS: 2701 MIDDLE RIVER DR. #14 5.4 CITY-ST-ZIP: FT LAUDERDALE FL
TITLE:		<input type="checkbox"/> DELETE	6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP:

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: *Dorothy Duda* DATE: 4/19/97 543-1577

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)