


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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21 2. Principal Place of Business Suite, Apt. #, etc.	26 2a. Mailing Address Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

3. Date Incorporated or Qualified 01/10/1966	
4. FEI Number 59-0673290	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> 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** **TREASURER** *Dorothy Duda* **4/24/98**
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	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE
NAME	COX, ILO		1.2 NAME
STREET ADDRESS	1928 NE 7TH CT		1.3 STREET ADDRESS
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CITY-ST-ZIP
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE
NAME	SALG, EDNA		2.2 NAME
STREET ADDRESS	1649 SE 12TH CT		2.3 STREET ADDRESS
CITY-ST-ZIP	FT LAUDERDALE FL		2.4 CITY-ST-ZIP
TITLE	D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE
NAME	O'REILLY, MARI		3.2 NAME
STREET ADDRESS	1817 SE 15TH ST #305		3.3 STREET ADDRESS
CITY-ST-ZIP	FT LAUDERDALE FL		3.4 CITY-ST-ZIP
TITLE	SD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE
NAME	LEEDS, BETTY		4.2 NAME
STREET ADDRESS	1001 S OCEAN DRIVE #1511		4.3 STREET ADDRESS
CITY-ST-ZIP	FT LAUDERDALE FL		4.4 CITY-ST-ZIP
TITLE	TD	<input type="checkbox"/> DELETE	5.1 TITLE
NAME	DUDA, DOROTHY		5.2 NAME
STREET ADDRESS	2701 MIDDLE RIVER DR, #14		5.3 STREET ADDRESS
CITY-ST-ZIP	FT LAUDERDALE FL		5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1.1 TITLE	P
	1.2 NAME	JOANNE MCCARTHY SHEARER
	1.3 STREET ADDRESS	2639 N. RIVERSIDE DR.
	1.4 CITY-ST-ZIP	POMPANO BEACH FL 33062
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	2.1 TITLE	VD
	2.2 NAME	RUTH M. HELLRUNG
	2.3 STREET ADDRESS	1010 S. OCEAN BLVD #817
	2.4 CITY-ST-ZIP	POMPANO BEACH FL 33062
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	3.1 TITLE	D
	3.2 NAME	HELEN CHADWICK
	3.3 STREET ADDRESS	630 D.W. 6 STREET
	3.4 CITY-ST-ZIP	POMPANO BEACH FL 33060
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	4.1 TITLE	SD
	4.2 NAME	CHRISTINE C. OUTLAW
	4.3 STREET ADDRESS	1001 S.E. 16TH STREET #15
	4.4 CITY-ST-ZIP	FT LAUDERDALE FL 33316
<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.1 TITLE	TD
	5.2 NAME	DOROTHY DUDA
	5.3 STREET ADDRESS	2701 MIDDLE RIVER DR. #14
	5.4 CITY-ST-ZIP	FT LAUDERDALE FL 33306
<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.1 TITLE	
	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: *Dorothy Duda* **DOROTHY DUDA** **4/24/98** (954) 563 1517

CR2E037 (10/97)