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Apr 20, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 710264
 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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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 01/10/1966	4. FEI Number 59-0673290 Applied For 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
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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 ILO B. COX 82 Street Address (P.O. Box Number is Not Acceptable) 1928 N.E. 7th Court 83 84 City Fort Lauderdale FL 85 Zip Code 33304
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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: *ILO B. COX, President* DATE: 4-17-99
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P <input checked="" type="checkbox"/> DELETE	NAME: SHEARER, JOANNE MCCARTH	1.1 TITLE: P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: COX, ILO B.
STREET ADDRESS: 2639 N. RIVERSIDE DR	CITY-ST-ZIP: POMPANO BEACH FL 33062	1.2 NAME: COX, ILO B.	1.3 STREET ADDRESS: 1928 N.E. 7th Court
TITLE: VD <input checked="" type="checkbox"/> DELETE	NAME: HELLRUNG, RUTH M.	1.4 CITY-ST-ZIP: Fort Lauderdale, FL 33304	2.1 TITLE: VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1010 S. OCEAN BLVD, #817	CITY-ST-ZIP: POMPANO BEACH FL 33062	2.2 NAME: OUTLAW, CHRISTINE	2.3 STREET ADDRESS: 620 S.W. 7th Avenue
TITLE: D <input checked="" type="checkbox"/> DELETE	NAME: CHADWICK, HELEN	2.4 CITY-ST-ZIP: Fort Lauderdale, FL 33315	3.1 TITLE: SN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 630 D.W. 6 STREET	CITY-ST-ZIP: POMPANO BEACH FL 33062	3.2 NAME: SHOEMAKER, MARTHA	3.3 STREET ADDRESS: 1100 S.W. 12th Street
TITLE: SD <input checked="" type="checkbox"/> DELETE	NAME: OUTLAW, CHRISTINE C.	3.4 CITY-ST-ZIP: Fort Lauderdale, FL 33315	4.1 TITLE: TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1001 SE 16TH ST, #15	CITY-ST-ZIP: FT LAUDERDALE FL 33316	4.2 NAME: McCLAIN, MARJORIE	4.3 STREET ADDRESS: 2417 N.E. 27th Terr.
TITLE: TD <input checked="" type="checkbox"/> DELETE	NAME: DUDA, DOROTHY	4.4 CITY-ST-ZIP: Fort Lauderdale, FL 33306	5.1 TITLE: D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 2701 MIDDLE RIVER DR, #14	CITY-ST-ZIP: FT LAUDERDALE FL 33306	5.2 NAME: ADAMO, OLGA	5.3 STREET ADDRESS: 2124 S.E. 19th Street
TITLE: <input type="checkbox"/> DELETE	NAME:	5.4 CITY-ST-ZIP: Fort Lauderdale, FL 33316	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME:	6.3 STREET ADDRESS:
CITY-ST-ZIP:		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, with all other like empowered.

SIGNATURE: *ILO B. COX* DATE: 4-17-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1.1/98)

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