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02-27-1999 90009 035 ****61.25

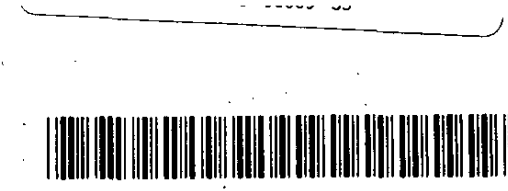
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NON-PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 710972

1. Corporation Name
COMMUNITY WOMAN'S CLUB, INC.

Principal Place of Business 5 POINSETT DRIVE P.O. BOX 1043 COCOA FL 32923	Mailing Address 5 POINSETT DRIVE P.O. BOX 1043 COCOA FL 32923
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/31/1966
22. Suite, Apt. #, etc. -	27. Suite, Apt. #, etc. -	4. FEI Number 59-6158814
23. City & State -	28. City & State -	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip -	29. Zip -	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent RYDER, JEANNE 1120 EL DORADO DR ROCKLEDGE FL 32955	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
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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 _____ 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	PD RYDER, JEANNE	1.1 TITLE	PD McAfee, Dorothy
NAME	RYDER, JEANNE	1.2 NAME	McAfee, Dorothy
STREET ADDRESS	1120 EL DORADO DR	1.3 STREET ADDRESS	1212 Japonica Lane
CITY-ST-ZIP	ROCKLEDGE FL 32955	1.4 CITY-ST-ZIP	Cocoa, FL 32922
TITLE	VD	2.1 TITLE	VD
NAME	MC AFEE, DARTHY	2.2 NAME	Berger, Nellie
STREET ADDRESS	1212 JAPONICA LANE	2.3 STREET ADDRESS	304 Edinburgh Drive
CITY-ST-ZIP	COCOA FL 32922	2.4 CITY-ST-ZIP	Cocoa, FL 32922
TITLE	SD	3.1 TITLE	SD
NAME	BIGELOW, HILDA	3.2 NAME	Bigelow, Hilda
STREET ADDRESS	1163 INDIAN RIVER DR.	3.3 STREET ADDRESS	1163 Indian River Drive
CITY-ST-ZIP	COCOA FL	3.4 CITY-ST-ZIP	Cocoa, FL 32922
TITLE	T	4.1 TITLE	TD
NAME	SEARLE, MARIE	4.2 NAME	Thornewell, Lyn
STREET ADDRESS	580 CANAVERAL GROVES BLVD	4.3 STREET ADDRESS	115 N Indian River Drive, #417
CITY-ST-ZIP	COCOA FL 32926	4.4 CITY-ST-ZIP	Cocoa, FL 32922
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		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: *Lyn Thornewell* 1-25-99 467 630-1347
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)