

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN -2 AM 0:18

DOCUMENT # 714366 (2)

1. Corporation Name
EAST PALMETTO WOMENS CLUB, INC.

Principal Place of Business Mailing Address
POST OFFICE BOX 251 POST OFFICE BOX 251
PALMETTO FL 34220 PALMETTO FL 34220

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/02/1968 3a. Date of Last Report 05/01/1994
4. FEI Number 59-2456840 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 1500-9th Ave. W. 26 P.O. Box 251
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Palmetto, Florida 27 Palmetto, FL
City & State City & State
23 34220 Manatee 28 34220 Manatee
Zip Country Zip Country
24 25 29 30

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
BALKMAN, MELDORE
210 15TH ST. E.
PALMETTO FL 34221

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when necessary)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BALKMAN, MELDORE 210 15TH ST., E. PALMETTO FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SIMMONS, DOROTHY 3004 9TH AVE. DR., E. PALMETTO FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WOODSON, LILA B 2504 16TH AVE. E. PALMETTO FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	Balkman, Meldore 210 15th St. West Palmetto, FL 34221 <input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	Secretary Dorothy Simmons 3004 9th Ave Dr. E. East Palmetto, FL 34221 <input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	Lila B. Woodson 2504 - 16th Ave. East Palmetto, FL 34221 <input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	Lillie M. Taylor 144 11th St Ct. W. Palmetto FL 34221 <input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	Glenn Samuel P.O. Box 773 MB Palmetto, FL 34220 <input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	Loyce Felton 3457 51st Ave Circle W. Bradenton, FL 34210 <input type="checkbox"/> Change <input type="checkbox"/> Addition

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 110.07(3)(b), 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 this 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: Meldore Balkman 3/6/95 432-8704
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #