


FILE NOW: FILING FEE IS \$61.25

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Mar 10 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 # **714366** (2)
1. Corporation Name
EAST PALMETTO WOMENS CLUB, INC.



Principal Place of Business 1600 8TH AVE W PALMETTO FL 34220 US	Mailing Address P O BOX 251 PALMETTO FL 34220 US
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3. Date Incorporated or Qualified
04/02/1968

4. FEI Number 59-2456840	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**BALKMAN, MELDRE
210 15TH STREET WEST
PALMETTO FL 34221**

10. Name and Address of New Registered Agent

81 Name Daniels, Eva
82 Street Address (P.O. Box Number is Not Acceptable) 1801 5th Avenue West
83 City Palmetto, FL
84 Zip Code 34221

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 Eva Daniels, President *Eva Daniels* 2/7/98
Signature of 200 printed name of registered agent and the applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BALKMAN, MELDRE		1.2 NAME Daniels, Eva	
STREET ADDRESS 210 15TH ST., E.		1.3 STREET ADDRESS 1801 5th Ave. West	
CITY-ST-ZIP PALMETTO FL 34221		1.4 CITY-ST-ZIP Palmetto, FL 34221	
TITLE S	<input type="checkbox"/> DELETE	2.1 TITLE S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SIMMONS, DOROTHY		2.2 NAME Simmons, Dorothy	
STREET ADDRESS 3004 9TH AVE. DR., E.		2.3 STREET ADDRESS 3004 9th Ave. Dr. E.	
CITY-ST-ZIP PALMETTO FL 34221		2.4 CITY-ST-ZIP Palmetto, FL 34221	
TITLE T	<input type="checkbox"/> DELETE	3.1 TITLE T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WOODSON, LILA B		3.2 NAME Woodson Lila B.	
STREET ADDRESS 2504 16TH AVE. E.		3.3 STREET ADDRESS 2504 - 16th Ave. E.	
CITY-ST-ZIP PALMETTO FL 34220		3.4 CITY-ST-ZIP Palmetto, FL 34221	
TITLE DBM	<input type="checkbox"/> DELETE	4.1 TITLE DBM	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SAMUEL, GLORIA		4.2 NAME Samuel, Gloria	
STREET ADDRESS P O BOX 773, N/A		4.3 STREET ADDRESS 2720 2nd Ave. E.	
CITY-ST-ZIP PALMETTO FL 34220		4.4 CITY-ST-ZIP Palmetto, FL 34221	
TITLE DBM	<input type="checkbox"/> DELETE	5.1 TITLE DBM	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FELTON, JOYCE		5.2 NAME Felton, Joyce	
STREET ADDRESS 2457 51ST AVE CIR W		5.3 STREET ADDRESS 2457 51st. Ave. Cir. W.	
CITY-ST-ZIP BRADENTON FL		5.4 CITY-ST-ZIP Bradenton, FL 34208	
TITLE DBM	<input type="checkbox"/> DELETE	6.1 TITLE DBM	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CROMARTIE, CLYTHA MAE		6.2 NAME Cromartie Clytha mae	
STREET ADDRESS 1503 16TH ST. E.		6.3 STREET ADDRESS 1503 16th St. E.	
CITY-ST-ZIP BRADENTON FL 34208		6.4 CITY-ST-ZIP Bradenton, FL 34208	

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: Lila B. Woodson - Lila B. Woodson 2/7/98 941-722-2463

CP2E037 (10/97)