

FILE NOW: FILING FEE IS \$61.25

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # 714366

1. Corporation Name  
**EAST PALMETTO WOMENS CLUB, INC.**

|  |   |
|--|---|
| Principal Place of Business<br>1600 8TH AVE W<br>PALMETTO FL 34220<br>US | Mailing Address<br>P O BOX 251<br>PALMETTO FL 34220<br>US |
|--|---|



2125199 90074 012 \$61.25

|  |                        |  |
|--|------------------------|--|
| 2. Principal Place of Business   | 2a. Mailing Address    | 3. Date Incorporated or Qualified<br>04/02/1968  |
| 21 Suite, Apt. #, etc.   | 26 Suite, Apt. #, etc. | 4. FEI Number<br>59-2456840  |
| 22 City & State  | 27 City & State        | Applied For<br>Not Applicable  |
| 23 Zip Country   | 28 Zip Country         | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 24   | 29                     | 30   |
| 8. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fee |                        |  |

|  |  |
|--|--|
| 9. Name and Address of Current Registered Agent<br><b>DANIELS, EVA</b><br>1801 5TH AVE WEST<br>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  | 85 Zip Code<br>FL                            |

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 \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                           | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---------------------------|---|---|
| TITLE                      | P DANIELS, EVA            | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 1801 5TH AVE WEST         | 1.2 NAME  |   |
| STREET ADDRESS             | PALMETTO FL 34221         | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                           | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | S SIMMONS, DOROTHY        | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 3004 8TH AVE. DR., E.     | 2.2 NAME  |   |
| STREET ADDRESS             | PALMETTO FL 34221         | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                           | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | T WOODSON, LILA B         | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 2504 16TH AVE. E.         | 3.2 NAME  |   |
| STREET ADDRESS             | PALMETTO FL 34221         | 3.3 STREET ADDRESS                                    | Medare, Balkman, T.L.   |
| CITY-ST-ZIP                |                           | 3.4 CITY-ST-ZIP                                       | 210 15th St. W.<br>Palmetto, FL 34221                             |
| TITLE                      | DBM SAMUEL, GLORIA        | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 2720 2ND AVE E            | 4.2 NAME  |   |
| STREET ADDRESS             | PALMETTO FL 34221         | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                           | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | DBM FELTON, JOYCE         | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 2457 51ST AVE CIR W       | 5.2 NAME  |   |
| STREET ADDRESS             | BRADENTON FL 34208        | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                           | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | DBM CROMARTIE, CLYTHA MAE | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 1503 16TH ST. E.          | 6.2 NAME  |   |
| STREET ADDRESS             | BRADENTON FL 34208        | 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: \_\_\_\_\_ SIGNATURE REQUIRED  
Date: Jan 20, 1999 722-8764

CFR2037 (11/98)

KE