

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 739973 (6)

1. Corporation Name  
**THE UNIQUE WOMEN'S CLUB, INCORPORATED**



Principal Place of Business: ROUTE 1, BOX 97, BROOKER FL 32622, US  
Mailing Address: ROUTE 1 BOX 97, BROOKER FL 32622, US

3. Date Incorporated or Qualified: 08/23/1977  
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business (21-24)  
2a. Mailing Address (26-30)  
21-24: Suite, Apt. #, etc., City & State, Zip, Country  
26-30: Suite, Apt. #, etc., City & State, Zip, Country

4. FEI Number: 59-2539266  
Applied For: Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: STRAWDER, RUTH C, 15805 N.E. 12TH TERR, GAINESVILLE FL 32609  
10. Name and Address of New Registered Agent (81-85): Name, Street Address (P.O. Box Number is Not Acceptable), City, State (FL), Zip Code

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: Ruth C. Strawder (Signature)  
DATE: 4/24/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULBERRY, HILDA C.	1.2 NAME	
STREET ADDRESS	15829 NE 12TH TERR	1.3 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE FL 32609	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOBY, GENEVA B	2.2 NAME	
STREET ADDRESS	2016 NW 31PL	2.3 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE FL 32605	2.4 CITY - ST - ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINGLETON, BETTY J.	3.2 NAME	
STREET ADDRESS	1926 NE 192ND AVENUE	3.3 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORRIS, BERIA	4.2 NAME	
STREET ADDRESS	215 N.W. 192ND AVE.	4.3 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE FL	4.4 CITY - ST - ZIP	
TITLE	PD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRAWDER, RUTH C	5.2 NAME	
STREET ADDRESS	15805 NE 12TH TERR	5.3 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE FL 32609	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JASEY, DAISY	6.2 NAME	
STREET ADDRESS	18812 NE 21 STREET	6.3 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE FL 32609	6.4 CITY - ST - ZIP	

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 119.07(3)(k), 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: Hilda C. Mulberry (Signature)  
DATE: 4/24/96  
Daytime Phone #: 904-485-1108

CR2E037 (12/95)