

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 Suite, Apt. #, etc.
22 City & State
23 City & State
24 Zip Country
25 Country
26 Suite, Apt. #, etc.
27 City & State
28 City & State
29 Zip Country
30 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 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 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* DATE: 4/24/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	S	DELETED
NAME	MULBERRY, HILDA C.	
STREET ADDRESS	15829 NE 12TH TERR	
CITY - ST - ZIP	GAINESVILLE FL 32609	
TITLE	VD	DELETED
NAME	DOBY, GENEVA B	
STREET ADDRESS	2016 NW 31PL	
CITY - ST - ZIP	GAINESVILLE FL 32605	
TITLE	T	DELETED
NAME	SINGLETON, BETTY J.	
STREET ADDRESS	1926 NE 192ND AVENUE	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	D	DELETED
NAME	NORRIS, BERIA	
STREET ADDRESS	215 N.W. 192ND AVE.	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	PD	DELETED
NAME	STRAWDER, RUTH C	
STREET ADDRESS	15805 NE 12TH TERR	
CITY - ST - ZIP	GAINESVILLE FL 32609	
TITLE	D	DELETED
NAME	JASEY, DAISY	
STREET ADDRESS	18812 NE 21 STREET	
CITY - ST - ZIP	GAINESVILLE FL 32609	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
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* DATE: 4/24/96 DAYTIME PHONE #: 904-485-1108
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)