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Jan 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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 Mailing Address
ROUTE 1, BOX 97 BROOKER FL 32622 US
ROUTE 1 BOX 97 BROOKER FL 32622-9004 US

3. Date incorporated or Qualified 08/23/1977
3a. Date of Last Report 04/26/1996
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

2. Principal Place of Business 2a. Mailing Address
21 1615 NE 192nd Avenue 26 1615 NE 192nd Avenue
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
23 Gainesville, FL 28 Gainesville, FL
24 32609 25 Country 29 32609 30 Country

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input checked="" type="checkbox"/> DELETE	1.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULBERRY, HILDA C.	1.2 NAME	STRAWDER, RUTH C
STREET ADDRESS	15829 NE 12TH TERR	1.3 STREET ADDRESS	15805 NE 12th TERRACE
CITY-ST-ZIP	GAINESVILLE FL 32609	1.4 CITY-ST-ZIP	GAINESVILLE, FL 32609
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOBY, GENEVA B	2.2 NAME	Altamease Douglas
STREET ADDRESS	2016 NW 31PL	2.3 STREET ADDRESS	Rte 1 Box 136
CITY-ST-ZIP	GAINESVILLE FL 32605	2.4 CITY-ST-ZIP	Brooker, FL 32622
TITLE	T <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input checked="" type="checkbox"/> DELETE	5.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRAWDER, RUTH C	5.2 NAME	Geraldine H. Singleton
STREET ADDRESS	15805 NE 12TH TERR	5.3 STREET ADDRESS	1615 NE 192nd Avenue
CITY-ST-ZIP	GAINESVILLE FL 32609	5.4 CITY-ST-ZIP	GAINESVILLE, FL 32609
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JASEY, DAISY	6.2 NAME	Betty Young
STREET ADDRESS	18812 NE 21 STREET	6.3 STREET ADDRESS	317 NW 192nd Avenue
CITY-ST-ZIP	GAINESVILLE FL 32609	6.4 CITY-ST-ZIP	GAINESVILLE, FL 32609

14. I do 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: Ruth C Strawder 1-21-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0011954

CR2E037 (9/96)