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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: ROUTE 1, BOX 97, BROOKER FL 32622, US
Mailing Address: 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
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: 21 1615 NE 192nd Avenue, Suite, Apt. #, etc.
22 Gainesville, FL
23 32609
2a. Mailing Address: 26 1615 NE 192nd Avenue, Suite, Apt. #, etc.
27 Gainesville, FL
28 32609
29 32609

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	MULBERRY, HILDA C.	1.1 TITLE: S	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME: MULBERRY, HILDA C.	15829 NE 12TH TERR	1.2 NAME: STRAWDER, RUTH C	
STREET ADDRESS: 15829 NE 12TH TERR	GAINESVILLE FL 32609	1.3 STREET ADDRESS: 15805 NE 12th TERRACE	
CITY-ST-ZIP: GAINESVILLE FL 32609		1.4 CITY-ST-ZIP: GAINESVILLE, FL 32609	
TITLE: VD	DOBY, GENEVA B	2.1 TITLE: VD	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME: DOBY, GENEVA B	2016 NW 31PL	2.2 NAME: Altamease Douglas	
STREET ADDRESS: 2016 NW 31PL	GAINESVILLE FL 32605	2.3 STREET ADDRESS: Rte 1 Box 136	
CITY-ST-ZIP: GAINESVILLE FL 32605		2.4 CITY-ST-ZIP: Brooker, FL 32622	
TITLE: T	SINGLETON, BETTY J.	3.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME: SINGLETON, BETTY J.	1926 NE 192ND AVENUE	3.2 NAME:	
STREET ADDRESS: 1926 NE 192ND AVENUE	GAINESVILLE FL	3.3 STREET ADDRESS:	
CITY-ST-ZIP: GAINESVILLE FL		3.4 CITY-ST-ZIP:	
TITLE: D	NORRIS, BERIA	4.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME: NORRIS, BERIA	215 N.W. 192ND AVE.	4.2 NAME:	
STREET ADDRESS: 215 N.W. 192ND AVE.	GAINESVILLE FL	4.3 STREET ADDRESS:	
CITY-ST-ZIP: GAINESVILLE FL		4.4 CITY-ST-ZIP:	
TITLE: PD	STRAWDER, RUTH C	5.1 TITLE: PD	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME: STRAWDER, RUTH C	15805 NE 12TH TERR	5.2 NAME: Geraldine H. Singleton	
STREET ADDRESS: 15805 NE 12TH TERR	GAINESVILLE FL 32609	5.3 STREET ADDRESS: 1615 NE 192nd Avenue	
CITY-ST-ZIP: GAINESVILLE FL 32609		5.4 CITY-ST-ZIP: Gainesville, FL 32609	
TITLE: D	JASEY, DAISY	6.1 TITLE: D	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME: JASEY, DAISY	18812 NE 21 STREET	6.2 NAME: Betty Young	
STREET ADDRESS: 18812 NE 21 STREET	GAINESVILLE FL 32609	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)