

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 # N05110 (4)
1. Corporation Name
REDLANDS WOMAN'S CLUB, INC.



Principal Place of Business: **19346 SW 262 ST. HOMESTEAD FL 33031**
Mailing Address: **19346 SW 262 ST. HOMESTEAD FL 33031**

3. Date Incorporated or Qualified: **09/12/1984**
3a. Date of Last Report: **02/24/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number 59-2448704	Applied For	<input type="checkbox"/>
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	27	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	28	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/>	Yes <input type="checkbox"/> No
25	Country	29	Country				
30							

9. Name and Address of Current Registered Agent

**STRANO, LORENE
25450 SW 193RD AVE.
HOMESTEAD FL 33031**

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

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD STRANO, LORENE 25450 SW 193RD AVE. HOMESTEAD FL 33031	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD CHANDLER, NORMA 19325 SW 344 ST. HOMESTEAD FL 33031	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD CREASMAN, BEATRICE S 19346 SW 262 ST. HOMESTEAD FL 33031	3.1 TITLE	UP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	RSD TRENT, MARY JANE 30322 SW 172 AVE. HOMESTEAD FL 33030	4.1 TITLE	CS/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	VD MARTENS, JOAN 14850 SW 252 ST. HOMESTEAD FL 33032	5.1 TITLE	Sally Klein RS/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	26000 SW 204 Ave
STREET ADDRESS		5.3 STREET ADDRESS	HOMESTEAD, FL 33031
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Shirlee Lumb
STREET ADDRESS		6.3 STREET ADDRESS	28500 SW 172 Ave
CITY-ST-ZIP		6.4 CITY-ST-ZIP	HOMESTEAD, FL 33030

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: *Beatrice S. Creasman* BEATRICE S. CREASMAN 4/23/96 305-238-8063
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)