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Mar 11 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 # 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 33031-1776

3. Date Incorporated or Qualified: 09/12/1984
3a. Date of Last Report: 04/29/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number: 59-2448704		Applied For	
21		26				Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		29 Zip		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
STRANO, LORENE 25450 SW 193RD AVE. HOMESTEAD FL 33031				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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: D	NAME: STRANO, LORENE	1.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 25450 SW 193RD AVE.	CITY-ST-ZIP: HOMESTEAD FL	1.2 NAME:	
TITLE: PD	NAME: CHANDLER, NORMA	1.3 STREET ADDRESS:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 19325 SW 344 ST.	CITY-ST-ZIP: HOMESTEAD FL	1.4 CITY-ST-ZIP:	
TITLE: CSDC	NAME: CREASMAN, BEATRICE S	2.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 19346 SW 262 ST.	CITY-ST-ZIP: HOMESTEAD FL	2.2 NAME:	
TITLE: RSD	NAME: TRENT, MARY JANE	2.3 STREET ADDRESS:	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
STREET ADDRESS: 30322 SW 172 AVE.	CITY-ST-ZIP: HOMESTEAD FL 33030	2.4 CITY-ST-ZIP:	
TITLE: RSD	NAME: SALLY KLEIN	3.1 TITLE:	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
STREET ADDRESS: 26000 SW 204 AV	CITY-ST-ZIP: HOMESTEAD FL	3.2 NAME:	
TITLE: TD	NAME: SHIRLEE LUMB	3.3 STREET ADDRESS:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 28550 SW 172 AVE	CITY-ST-ZIP: HOMESTEAD FL	3.4 CITY-ST-ZIP:	
TITLE: RSD	NAME: ANN Mc ALLISTER	4.1 TITLE:	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
STREET ADDRESS: 30322 SW 172 AVE.	CITY-ST-ZIP: HOMESTEAD FL 33030	4.2 NAME:	
TITLE: RSD	NAME: NANCY GRAVES	4.3 STREET ADDRESS:	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
STREET ADDRESS: 26000 SW 204 AV	CITY-ST-ZIP: HOMESTEAD FL	4.4 CITY-ST-ZIP:	
TITLE: TD	NAME: SHIRLEE LUMB	5.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 28550 SW 172 AVE	CITY-ST-ZIP: HOMESTEAD FL	5.2 NAME:	
TITLE: RSD	NAME: SALLY KLEIN	5.3 STREET ADDRESS:	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
STREET ADDRESS: 30322 SW 172 AVE.	CITY-ST-ZIP: HOMESTEAD FL 33030	5.4 CITY-ST-ZIP:	
TITLE: TD	NAME: SHIRLEE LUMB	6.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 28550 SW 172 AVE	CITY-ST-ZIP: HOMESTEAD FL	6.2 NAME:	
TITLE: RSD	NAME: SALLY KLEIN	6.3 STREET ADDRESS:	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
STREET ADDRESS: 30322 SW 172 AVE.	CITY-ST-ZIP: HOMESTEAD FL 33030	6.4 CITY-ST-ZIP:	

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: Beatrice S. Creasman REQUIRED 3-5-97 205-238-8063

CR2E037 (9/96)