


FILE NOW: FILING FEE IS \$61.25

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Feb 22, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N05110

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
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	3. Date Incorporated or Qualified 09/12/1984	4. FEI Number 59-2448704	Applied For <input type="checkbox"/> Not Applicable
22. Principal Place of Business Suite, Apt. #, etc.	2a. Mailing Address Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
23. Principal Place of Business City & State	2a. Mailing Address City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
24. Principal Place of Business Zip Country	2a. Mailing Address Zip Country			

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	BEATRICE S. CREASMAN			
82. Street Address (P.O. Box Number is Not Acceptable)	19346 SW 262 ST.			
83. City	HOMESTEAD, FL			
84. City	FL	85. Zip Code	33031	

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 Beatrice S. Creasman, President Beatrice S. Creasman DATE 1/5/98

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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRANO, LORENE	1.2 NAME	
STREET ADDRESS	25450 SW 193RD AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHANDLER, NORMA	2.2 NAME	
STREET ADDRESS	19325 SW 344 ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	2.4 CITY-ST-ZIP	
TITLE	VOT <input type="checkbox"/> DELETE	3.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CREASMAN, BEATRICE S	3.2 NAME	
STREET ADDRESS	19346 SW 262 ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	3.4 CITY-ST-ZIP	
TITLE	RSD <input type="checkbox"/> DELETE	4.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCALLISTER, ANN	4.2 NAME	
STREET ADDRESS	19411 SW 308TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	4.4 CITY-ST-ZIP	
TITLE	CSD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	RSD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRAVES, NANCY	5.2 NAME	PATRY Redlich
STREET ADDRESS	19370 SW 280TH ST	5.3 STREET ADDRESS	19500 SW 248 ST
CITY-ST-ZIP	HOMESTEAD FL	5.4 CITY-ST-ZIP	HOMESTEAD, FL 33031
TITLE	VP <input checked="" type="checkbox"/> DELETE	6.1 TITLE	T.D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHIRLEE LUMB	6.2 NAME	Jo Ann Cooper
STREET ADDRESS	28550 SW 172 AVE	6.3 STREET ADDRESS	2535 S.E. 771
CITY-ST-ZIP	HOMESTEAD FL	6.4 CITY-ST-ZIP	HOMESTEAD, FL 33033

14. I 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, with all other like empowered.

SIGNATURE: Beatrice S. Creasman SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Beatrice S. Creasman DATE 1/5/98 DAY/TIME PHONE # 305-238-8063

CR2E037 (1/198)