

FILE NOW: FILING FEE IS \$61.25

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Mar 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N92000000045 (6)

1. Corporation Name  
PASS-A-GRILLE WOMAN'S CLUB, INC.



Principal Place of Business 2201 PASS-A-GRILLE WAY ST PETERSBURG FL 33706		Mailing Address PO BOX 46763 ST PETERSBURG FL 33741 US		3. Date Incorporated or Qualified 10/30/1992	
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		4. FEI Number 59-0595593	
23 City & State St Pete Beach, FL		27 City & State Pass-A-Grille Beach, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip		29 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country		30 Country		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
28		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent GERMAN, KARALEE 251 ISLE DR. S ST. PETE BEACH FL 33706				10. Name and Address of New Registered Agent	
81 Name				Barbara Frazier	
82 Street Address (P.O. Box Number is Not Acceptable)				373 Hermosita Dr.	
83					
84 City & State				St Pete Beach FL	
85 Zip Code				33706	

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: *Barbara A. Frazier* DATE: 2/12/98

Signature, typed or printed name of registered agent and fee, 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 checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, MARY	1.2 NAME	Barbara Frazier
STREET ADDRESS	221 ISLE DR	1.3 STREET ADDRESS	373 Hermosita Dr.
CITY-ST-ZIP	ST PETE BEACH FL	1.4 CITY-ST-ZIP	St Pete Beach, FL 33706
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERMAN KARALEE	2.2 NAME	CARMEN RELLER
STREET ADDRESS	251 ISLE DR S	2.3 STREET ADDRESS	283 Hermosita Dr.
CITY-ST-ZIP	ST PETERSBURG BEACH FL	2.4 CITY-ST-ZIP	St Pete Beach, FL 33706
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBB, CORTNEY	3.2 NAME	
STREET ADDRESS	303 HERMOSITA DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETE BEACH FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PFEFFER, MARY	4.2 NAME	
STREET ADDRESS	2815 PASS-A-GRILLE WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETE BEACH FL	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALLEW, CAROL	5.2 NAME	
STREET ADDRESS	300 N ISLE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETE BEACH FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Carol A. Ballew* DATE: 1/12/98 813 570 5432

CFR2037 (10/97)