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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 # N97000002759

1. Corporation Name

THE WOMAN'S CLUB OF STARKE, INC.

Principal Place of Business

201 N WALNUT ST
STARKE FL 32091

Mailing Address

P O BOX 951
STARKE FL 32091
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/12/1997	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3505724	
24 Country		29 Country		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
ROSIER, PHYLLIS M 100 W CALL ST STARKE FL 32091				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	ROWE, JO ANN	1.2 NAME	
STREET ADDRESS	163 RD SW	1.3 STREET ADDRESS	
CITY-ST-ZIP	STARKE FL 32091	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	ROSIER, PHYLLIS M	2.2 NAME	
STREET ADDRESS	100 W CALL ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	STARKE FL 32091	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	
NAME	TOTURA, JACQUELYN	3.2 NAME	
STREET ADDRESS	RR 6 BOX 1448 12694 US 301 S	3.3 STREET ADDRESS	
CITY-ST-ZIP	STARKE FL 32091	3.4 CITY-ST-ZIP	
TITLE	DV	4.1 TITLE	
NAME	ROSENBERG, DELLA	4.2 NAME	
STREET ADDRESS	6283 KINGSLEY LK DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	STARKE FL 32091	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	
NAME	DOROBILA, ANN	5.2 NAME	
STREET ADDRESS	505 LEGION TERR	5.3 STREET ADDRESS	
CITY-ST-ZIP	STARKE FL 32091	5.4 CITY-ST-ZIP	
TITLE	VD	6.1 TITLE	
NAME	PARRISH, IDELL	6.2 NAME	
STREET ADDRESS	485 SE 31 WY	6.3 STREET ADDRESS	
CITY-ST-ZIP	MELROSE FL 32666	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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)