


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **703149** (5)

1. Corporation Name

WOMAN'S CLUB OF NEW SMYRNA, INC.



Principal Place of Business	Mailing Address
403 MAGNOLIA, P O BOX 106 NEW SMYRNA BEACH FL 32170	403 MAGNOLIA, P O BOX 106 NEW SMYRNA BEACH FL 32170-0106

3. Date Incorporated or Qualified 11/07/1961	3a. Date of Last Report 04/12/1996
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 <i>P.O. Box 106</i>
22 City & State	27 City & State
23 Zip	28 <i>New Smyrna Beach FL</i>
24 Country	29 <i>32170-0106</i>
25 Country	30 <i>Volusia</i>

4. FEI Number 59-6554307	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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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	
PERTTOLA, PEGGY J. 325 N CAUSEWAY B304 NEW SMYRNA BEACH FL 32089	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALDERMAN, PEGGY	1.2 NAME	
STREET ADDRESS	291 NO GAINES STR	1.3 STREET ADDRESS	
CITY-ST-ZIP	OAK HILL FL	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLISS, IRENE	2.2 NAME	<i>SD same as Block 12</i>
STREET ADDRESS	53 LAKE FAIRGREEN DRIVE	2.3 STREET ADDRESS	<i>✓</i>
CITY-ST-ZIP	NEW SMYRNA BEACH FL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOGWOOD, BEAUTON	3.2 NAME	
STREET ADDRESS	4823 SO ATLANTIC AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERTTOLA, PEGGY J.	4.2 NAME	
STREET ADDRESS	325 N. CAUSEWAY #B-304	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BCH. FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 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 *B. Bliss* *M. Hogwood* *4/23/97* *10610127 3109*

CP2E037 (9/96)