

FILE NOW: FILING FEE IS \$61.25

FILED
May 19 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 # 703312 (9)
 1. Corporation Name
WILLISTON JUNIOR WOMAN'S CLUB, INC.



Principal Place of Business 623 N.E. 2ND AVE. WILLISTON FL 32696	Mailing Address P.O. BOX 416 WILLISTON FL 32696-0416
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/11/1961	3a. Date of Last Report 05/01/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0837907	Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 29	Country 30	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	
SANDLIN, SHARON 18251 NE 60TH ST WILLISTON FL 32696		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 _____ DATE _____
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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDLIN, SHARON	1.2 NAME	
STREET ADDRESS	18251 NE 60TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	WILLISTON FL	1.4 CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUGATE, SUZANNE	2.2 NAME	Miller, Tina
STREET ADDRESS	6570 NE 167TH AVE	2.3 STREET ADDRESS	Rt 3 Box 3
CITY-ST-ZIP	WILLISTON FL	2.4 CITY-ST-ZIP	Williston, Fl 32696
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTTS, KAREN	3.2 NAME	
STREET ADDRESS	709 SW 3RD ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	WILLISTON FL	3.4 CITY-ST-ZIP	
TITLE	ST <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCOY, CATH	4.2 NAME	Cason, Trina
STREET ADDRESS	RT. 3 BOX 2522	4.3 STREET ADDRESS	Co Rd 322
CITY-ST-ZIP	WILISTON FL 32696	4.4 CITY-ST-ZIP	Williston, Fl 32696
TITLE	ST <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, TINA	5.2 NAME	CurI, Cindy
STREET ADDRESS	RT 3 BOX 3	5.3 STREET ADDRESS	Rt 1 Box 4992
CITY-ST-ZIP	WILLISTON FL	5.4 CITY-ST-ZIP	Williston, FL 32696
TITLE	T <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOWLER, DENISE	6.2 NAME	Seay, Melissa
STREET ADDRESS	RT 2 BOX 1850	6.3 STREET ADDRESS	3750 NE 170th Ave.
CITY-ST-ZIP	WILLISTON FL 32696	6.4 CITY-ST-ZIP	Williston, Fl 32696

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: Sandra B. Mortham 5-1-97 352-528-6714
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0011804

CR2E037 (9/96)