FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT.



FLÖRIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

717209 DOCUMENT #

1. Corporation Name

(1)

BEACC	on square women's Cli	JB, INC.		1,22,111,11,111,111,111,111,111,111,111	
Principal Place	a of Business	Mailing Address			IBIT BENTT DINKT NINGTE BINTE NEDIT MINIT MINIT
3741 BRADFORD DRIVE HOLIDAY FL 34691-1412		3741 BRADFORD DRIV HOLIDAY FL 34691-141			
				3. Date Incorporated or Qualified 09/19/1969	3a. Date of Last Report 05/01/1995
2. Principal P.	lace of Business	2a. Mailing Address 26		4. FEI Number 59-1671574	Applied For ✓ Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Coatribution	\$5.00 May Be
Zψ	Country	Zip	Country	Trust Fund Contribution 8. This corporation has liability for in	Added to Fees
24	25	29	30		Yes X No
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Re	
			81 Name	DOROTHY ZAHN	
MARCHESE, MARILYN			62 Struct	Address (P.O. Box Number is Not Acceptable	9)
4216 SAIL DRIVE				4508 GLISSADE DRIV	
NEW PC	ORT RICHEY FL 34852		83		
			84 City	NEW PORT RICHEY	FL 85 Zip Code 34652
11. Pursuant	to the provisions of Sections 617,0502	and 617.1508, Florida Statut	es, the above-named co	reporation submits this statement for the pure	son of changing its registered office
familiar wi	red agent, or both, in the State of Flori ith, and accept the obligations of, Sect	oa. Such change was authoriz ion 617.0503. Florida Statutes	red by the corporation's	board of directors. It hereby accept the appoint	intment as registered agent. I am
SIGNATURE	Dorothy Zahr	n. President	Drawin DIE Registered Agent signature	Jalen Nurregation reinstating)	2/23/96
12.	OFFICERS AN		13.	ADDITIONS CHANGES TO OFFIC	
TITLE	D	₽ OELE TE	1 1 TITLE	P	Change Addition
NAME	CODY, JANE		1.2 NAME	Dorothy Zahn	
STREET ADDRESS	3621 BLUE BELL LANE		1.3 STREET ADDRESS	4508 Glissade Dr	
CITY - ST - ZIF	HOLIDAY FL		1.4 CITY - S1 - ZIP	New Port Rich	ney,FL 34652
TITLE	V	☐ DELETE	2 1 TIFLE	1st VP	Change Addition
NAME	ZAHN, DOROTHY		2 2 NAME	Margaret Mulrooney	′
STREET ADDRESS	4508 GLISSADE DRIVE	_	2 3 STREET ADDRESS	3222 Rock Valley	
CITY - ST - ZIF	NEW PORT RICHEY FL 3465		2 4 CITY - ST - ZIP	Holiday, FL 3	34691
fir_E	NADOUTOE MADIEVA	DELETE	3 1 TOTLE	2nd VP	Change 🕍 Addition
NAME	MARCHESE, MARILYN		3 2 NAME	Reba Shumway 3517 Margate Dri	Ve
STREET ADDRESS	4508 GLISSADE DRIVE NEW PPORT RICHEY FL 346:	.	3 3 STREET ADDRESS		34691
CHTY ST-ZIP	D NEW PROBLEM PL 340	DELETE	3.4 CITY-ST-ZIP	•	- · · ·
NAME	CAMERON, HELEN	Finerale	4 1 TITLE	S Helen Cameron	🙀 Change 🔲 Addition
STHEET ADDRESS :	3307 WILLIAMBURG LOOP		4 2 NAME	3307 Williamsbur	a Loop
City - St. ZIP	HOLIDAY FL		4.3 STREET ADDRESS		34691
TIFLE	D	DELETE	4 4 CITY - ST - ZIP 5 1 TITLE	т	Change Addition
NAME	ST. JOHN, JOAN	<u></u>	5.2 NAME	Audrey McBrair	
STREET ADDRESS	3549 WILTSHIRE DRIVE		5 3 STREET ADDRESS	3519 Springfield	
City-St-2P	HOLIDAY FL 34691		5 4 CITY-ST-ZIP	Holiday FL	34691
T-TLF	٧	DELETE	6 1 TITLE	Financial S	☐ Change ☐ Addition
NAME	MULROONEY, MARGARET		6.2 NAME	Edna Swaim	
STREET ADDRESS	3222 ROCK VALLEY DRIVE		6.3 STREET ADDRESS	3425 Wiltshire I	Orive
CITY - ST - ZIP	HOLIDAY FL 34691		6.4 CITY - S1 - 719	Holiday FL	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k), Florida Statutes. I further certify that the information indicated on this 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:

SIGNATURE:

SIGNATURE AND TYPE OR PRITTED NAME OF SIGNING OFFICER OR DIRECTOR

HO1 day FL 34691

Chapter 97.3(k), Florida Statutes. I further certification to the exemption stated in Section 119 07(3)(k), Florida Statutes. I further certification 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:

SIGNATURE:

SIGNATURE AND TYPE OR PRITTED NAME OF SIGNING OFFICER OR DIRECTOR

BEACON SQUARE WOMEN'S CLUB DIRECTORS FOR 1996

Joan St.John 3549 Wiltshire Drive Holiday FL 34691

Trudy Carlson 4438 Sail Drive New Port Richey FL 34652

Helen Kraft 3218 Honeymoon Lane Holiday FL 34691

Marilyn Marchese 4216 Sail Drive New Port Richey FL 34652