

FILE NOW: FILING FEE IS \$61.25

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Mar 25 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #	<b>717209</b>	(1)
1. Corporation Name		
<b>BEACON SQUARE WOMEN'S CLUB, INC.</b>		

Principal Place of Business	Mailing Address
<b>3741 BRADFORD DRIVE HOLIDAY FL 34691-1412</b>	<b>3741 BRADFORD DRIVE HOLIDAY FL 34691-1412</b>



2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified <b>09/19/1969</b>	3a. Date of Last Report <b>02/29/1996</b>
4. FEI Number <b>59-1671574</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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	
<b>ZAHN, DOROTHY 4508 GLISSADE DR NEW PORT RICHEY FL 34652</b>	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	<b>FL</b>

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 **Dorothy Zahn, President** *Dorothy Zahn* DATE **3/17/97**

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>T MCBRAIR, AUDREY</b>
STREET ADDRESS	<b>3519 SPRINGFIELD DR</b>
CITY-ST-ZIP	<b>HOLIDAY FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>V ZAHN, DOROTHY</b>
STREET ADDRESS	<b>4508 GLISSADE DRIVE</b>
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D MARCHESE, MARILYN</b>
STREET ADDRESS	<b>4508 GLISSADE DRIVE</b>
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>S CAMERON, HELEN</b>
STREET ADDRESS	<b>3307 WILLIAMBURG LOOP</b>
CITY-ST-ZIP	<b>HOLIDAY FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D ST. JOHN, JOAN</b>
STREET ADDRESS	<b>3549 WILTSHIRE DRIVE</b>
CITY-ST-ZIP	<b>HOLIDAY FL 34691</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>V MULROONEY, MARGARET</b>
STREET ADDRESS	<b>3222 ROCK VALLEY DRIVE</b>
CITY-ST-ZIP	<b>HOLIDAY FL 34691</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Same</b>
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>President</b>
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Same</b>
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Financial Secretary</b>
4.3 STREET ADDRESS	<b>Edna Swaim</b>
4.4 CITY-ST-ZIP	<b>3425 Wiltshire Dr. Holiday, FL 34691</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Same</b>
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Secretary</b>
6.3 STREET ADDRESS	<b>Jacque Palasky</b>
6.4 CITY-ST-ZIP	<b>3927 Astral Ln Holiday, FL 34691</b>

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: *Audrey S. McBrair* DATE: **3/17/97** (813) 846-8716

CR2E037 (9/96)

Beacon Square Women's Club Officers

2nd Vice President

Ruth Palazzolo

3526 Moog Rd.

Holiday FL 34691

Director

Helen Kraft

3218 Honeymoon Ln.

Holiday FL 34691