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May 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **717209** (1)

1. Corporation Name
BEACON SQUARE WOMEN'S CLUB, INC.

Principal Place of Business 3741 BRADFORD DRIVE HOLIDAY FL 34691-1412	Mailing Address 3741 BRADFORD DRIVE HOLIDAY FL 34691-1412
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3. Date Incorporated or Qualified 09/19/1969
4. FEI Number 59-1671574
Applied For <input type="checkbox"/> Not Applicable

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

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**ZAHN, DOROTHY
4508 GLISSADE DR
NEW PORT RICHEY FL 34652**

10. Name and Address of New Registered Agent

81 Name EDNA SWAIM
82 Street Address (P.O. Box Number is Not Acceptable) 3425 WILSHIRE DR
83
84 City HOLIDAY
85 Zip Code FL 34691

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 *Edna Swaim* (NOTE: Registered Agent signature required when reinstating) DATE **4-13-98**

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	MCBRAIR, AUDREY	
STREET ADDRESS	3519 SPRINGFIELD DR	
CITY-ST-ZIP	HOLIDAY FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	ZAHN, DOROTHY	
STREET ADDRESS	4508 GLISSADE DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARCHESE, MARILYN	
STREET ADDRESS	4508 GLISSADE DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	FS	<input type="checkbox"/> DELETE
NAME	SWAIM, EDNA	
STREET ADDRESS	3425 WILSHIRE DR	
CITY-ST-ZIP	HOLIDAY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ST. JOHN, JOAN	
STREET ADDRESS	3549 WILSHIRE DRIVE	
CITY-ST-ZIP	HOLIDAY FL 34691	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PALASKY, JACQUE	
STREET ADDRESS	3927 ASTRAL LN	
CITY-ST-ZIP	HOLIDAY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Gladys Peterson	
1.3 STREET ADDRESS	4940 Pinefield Ave.	
1.4 CITY-ST-ZIP	HOLIDAY FL 34691	
2.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JEANETTE MESSER	
2.3 STREET ADDRESS	3722 BRADFORD DRIVE	
2.4 CITY-ST-ZIP	HOLIDAY FL 34691	
3.1 TITLE	FS (FINANCIAL SECRETARY)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	EDNA SWAIM	
4.3 STREET ADDRESS	3425 WILSHIRE DR	
4.4 CITY-ST-ZIP	HOLIDAY FL 34691	
5.1 TITLE	Hilda Magelitz - Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	4027 Litchfield Dr	
5.4 CITY-ST-ZIP	New Port Richey FL 34652	
6.1 TITLE	2ND VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	JACQUE PALASKY	
6.3 STREET ADDRESS	3927 ASTRAL LN	
6.4 CITY-ST-ZIP	HOLIDAY FL 34691	

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.

SIGNATURE: *Edna Swaim* 4-13-98 813-847-9083

CR2E037 (10/97)