


FILE NOW: FILING FEE IS \$61.25

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Jul 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 732982 (4) 1. Corporation Name GENERAL FEDERATION OF WOMEN'S CLUBS BRADENTON JUNIOR WOMAN'S CLUB, INC.			
Principal Place of Business 1705 MANATEE AVE. W. P.O. BOX 9483 (MAIL) BRADENTON FL 34206		Mailing Address 1705 MANATEE AVE. W. P.O. BOX 9483 (MAIL) BRADENTON FL 34206	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	
9. Name and Address of Current Registered Agent GRANDSTAFF, KYLEEN 10107 GULF DRIVE ANNA MARIA FL 34216			
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 FL			
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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS			
TITLE	S	<input type="checkbox"/> DELETE	
NAME	GRANDSTAFF, KYLEEN		
STREET ADDRESS	10107 GULF DR.		
CITY-ST-ZIP	ANNA MARIA FL 34216		
TITLE	1VP	<input checked="" type="checkbox"/> DELETE	
NAME	MERCHANT, EILEEN		
STREET ADDRESS	2210 24TH AVE. W.		
CITY-ST-ZIP	BRADENTON FL 34205		
TITLE	MC	<input type="checkbox"/> DELETE	
NAME	BOCHLE, GAIL		
STREET ADDRESS	1812 83RD ST. NW		
CITY-ST-ZIP	BRADENTON FL 34209		
TITLE	TD	<input checked="" type="checkbox"/> DELETE	
NAME	HYDE, SANDY		
STREET ADDRESS	4118 12TH AVE. DR. W.		
CITY-ST-ZIP	BRADENTON FL 34205		
TITLE	PD	<input type="checkbox"/> DELETE	
NAME	CHITTENDEN, ALLYSON		
STREET ADDRESS	1103 87TH ST. NW.		
CITY-ST-ZIP	BRADENTON FL 34209		
TITLE	PED	<input checked="" type="checkbox"/> DELETE	
NAME	HOFMAN, MARY		
STREET ADDRESS	5506 9TH AVE. DR. W.		
CITY-ST-ZIP	BRADENTON FL 34205		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME	1VP Grandstaff, Kyleen		
1.3 STREET ADDRESS	10107 Gulf Dr.		
1.4 CITY-ST-ZIP	Anna Maria FL 34216		
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
2.2 NAME	SD Pam Lis!		
2.3 STREET ADDRESS	1213 Carlton Arms Circle		
2.4 CITY-ST-ZIP	Bradenton FL 34208		
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
6.2 NAME	TD Diana Smith		
6.3 STREET ADDRESS	506 45th Street East		
6.4 CITY-ST-ZIP	Bradenton FL 34208		
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:

Allyson Chittenden

6-8-98

941-794-3508

CP2E037 (10/97)