


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90138 042 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 734442					
1. Corporation Name ARCADIA WOMAN'S CLUB, INC.					
Principal Place of Business WEST HICKORY STREET (OLD BRADENTON RD.) P.O. BOX 204 ARCADIA FL 34265-0204 US			Mailing Address WEST HICKORY STREET (OLD BRADENTON RD.) P.O. BOX 204 ARCADIA FL 34265-0204 US		
2. Principal Place of Business 21 2289 N.W. AMERICAN LEGION WAY		2a. Mailing Address 26		3. Date Incorporated or Qualified 11/26/1975	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-2366309	
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 <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 29		Zip 30		Trust Fund Contribution <input type="checkbox"/>	
9. Name and Address of Current Registered Agent VARNER, IRIS 2943 SE CREEKWOOD ARCADIA FL 33821			10. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	VD	<input type="checkbox"/> DELETE			
NAME	WALLACE, MURIEL				
STREET ADDRESS	302 E IMOGENE ST				
CITY-ST-ZIP	ARCADIA FL 34266				
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	HUGHES, EMILY				
STREET ADDRESS	12288 S.W. LEXINGTON				
CITY-ST-ZIP	ARCADIA FL				
TITLE	V	<input checked="" type="checkbox"/> DELETE			
NAME	SMITH, VETA				
STREET ADDRESS	3951 N W KNOLLWOOD DR				
CITY-ST-ZIP	ARCADIA FL 34266				
TITLE	SD	<input type="checkbox"/> DELETE			
NAME	HOLM, NORINE				
STREET ADDRESS	P O BOX 427 N/A				
CITY-ST-ZIP	NOCATEE FL 34268				
TITLE	TD	<input type="checkbox"/> DELETE			
NAME	MILLER, ELIZABETH				
STREET ADDRESS	4875 S E APACHE RD				
CITY-ST-ZIP	ARCADIA FL 34266				
TITLE	CS	<input type="checkbox"/> DELETE			
NAME	STROMSNES, HAZEL				
STREET ADDRESS	7789 SW HWY 72				
CITY-ST-ZIP	ARCADIA FL 34266				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP	34266				
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
3.2 NAME	LOTT, HILDRED				
3.3 STREET ADDRESS	222 N. ROBERTS AVE.				
3.4 CITY-ST-ZIP	ARCADIA FL 34266				
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME	CS				
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME	SD				
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

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, with all other like empowered.

SIGNATURE: *Elizabeth K. Miller* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELIZABETH K. MILLER

3/10/99

Date

(44) 494-4877

Daytime Phone #

CR2E037 (11/98)