


FILE NOW: FILING FEE IS \$61.25

FILED  
Jul 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 735230 (5)**

1. Corporation Name  
**THE LAKE SHORE WOMAN'S CLUB, INC.**

Principal Place of Business <b>2352 LAKE SHORE BLVD. JACKSONVILLE FL 32210</b>	Mailing Address <b>2352 LAKE SHORE BLVD. JACKSONVILLE FL 32210</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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9. Name and Address of Current Registered Agent

**BRYANT, CECILIA  
1400 PRUDENTIAL DR. #3  
JACKSONVILLE FL 32207**

3. Date Incorporated or Qualified <b>03/11/1976</b>	4. FEI Number <b>59-1422394</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No		

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
	<b>P BRYAN, LAURA</b>	<b>819 LEBRUN DR</b>	<b>JACKSONVILLE FL</b>	
	<b>VD MADDOX, NANCY</b>	<b>4804 ULMER AVE</b>	<b>JACKSONVILLE FL</b>	<input checked="" type="checkbox"/> DELETE
	<b>VD WINDERWEEDLE, JEANNE</b>	<b>8462 LAMOYA AVE</b>	<b>JACKSONVILLE FL</b>	<input type="checkbox"/> DELETE
	<b>VD DEPREE, STELLA</b>	<b>2122 TEGNER DR</b>	<b>JACKSONVILLE FL</b>	<input type="checkbox"/> DELETE
	<b>RS PARMENTER, ANN</b>	<b>8801 111TH ST</b>	<b>JACKSONVILLE FL</b>	<input checked="" type="checkbox"/> DELETE
	<b>T INGRAM, ANNA</b>	<b>4931 RAGGEDY POINT RD</b>	<b>ORANGE PARK FL</b>	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>Harris, Jeannie</b>	<b>2029 Bo Peep Dr., West</b>	<b>Jacksonville, FL 32210-2915</b>	
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>Harmon, Ruth</b>	<b>5766 Cedar Park Lane</b>	<b>Jacksonville, FL 32210-5246</b>	
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Anna Ingram* Anna Ingram, Treasurer 7/12/98 (904) 388-7021

CR2E037 (10/97)