

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **735393** (1)

1. Corporation Name

BROOKSVILLE WOMAN'S CLUB, INCORPORATED

Principal Place of Business

**131 SOUTH MAIN STREET
BROOKSVILLE FL 34601**

Mailing Address

**131 SOUTH MAIN STREET
BROOKSVILLE FL 34601-3336**



2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 03/25/1976	3a. Date of Last Report 03/26/1996
4. FEI Number 23-7034705		Applied For Not Applicable		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		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

**PHILLIPS, W. C.
904 CEDAR DRIVE
BROOKSVILLE FL 34601**

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

Signature typed or printed name of registered agent and filed if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	V
NAME	CONSTANTS, DOROTHY	1.2 NAME	Gaige, June
STREET ADDRESS	4436 GASTON STREET	1.3 STREET ADDRESS	P. O. Box 929123 THACKERY ST.
CITY-ST-ZIP	SPRING HILL FL	1.4 CITY-ST-ZIP	Nobleton, FL 34661
TITLE	PD	2.1 TITLE	
NAME	BISSELL, GRACE	2.2 NAME	
STREET ADDRESS	7080 HIGH CORNER RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	
NAME	WILLIAMS, ORA	3.2 NAME	
STREET ADDRESS	900 N BROAD ST #3082	3.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	WICK-KINNER, GEORGIA	4.2 NAME	
STREET ADDRESS	1491 SABRA DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	S Bowdren, Evelyn
NAME	RUCKDESCHER, CHRIS	5.2 NAME	
STREET ADDRESS	24479 AUDUBON DR	5.3 STREET ADDRESS	15043 Snow Memorial Hwy.
CITY-ST-ZIP	BROOKSVILLE FL	5.4 CITY-ST-ZIP	Brooksville, FL 34601
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

CR2E037 (9/96)