SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 24, 1999 8:00 am
Secretary of State
05-24-1999 90021 007 ****61.25

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DOCUMENT # 736155

1. Corporation Name
JUPITER-TEQUESTA JUNIOR WOMAN'S CLUB, INC.

Principal Place of Business	Mailing Address
P. O. BOX 3811 TEQUESTA FL 33469	P. O. BOX 3811 TEQUESTA FL 33469

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 06/18/1976
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 23-7352012 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

SHERYL MOLTER
18751 S.E. RIVER RIDGE ROAD
TEQUESTA FL 33469

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 Sheryl Molter 7/7/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	Corresponding Secretary/ Director	☑ Change ☐ Addition
NAME	PFEIFFER, CAROL		1.2 NAME		
STREET ADDRESS	19170 WATERWAY RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	TEQUESTA FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE	President/ Director	☑ Change ☐ Addition
NAME	BAUM, JULIE		2.2 NAME		
STREET ADDRESS	6490 WOOD LAKE RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL 33458		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE	Treasurer/ Director	☑ Change ☐ Addition
NAME	PUCCI, YVONNE		3.2 NAME		
STREET ADDRESS	495 SOUTH BEACH RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	HOBE SOUND FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	1st Vice President/ Director	☐ Change ☑ Addition
NAME			4.2 NAME	Margaret Mc Intyre	
STREET ADDRESS			4.3 STREET ADDRESS	19160 Waterway Rd.	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Tequesta, Fl. 33477	
TITLE		☐ DELETE	5.1 TITLE	2nd Vice President/ Director	☑ Change ☑ Addition
NAME			5.2 NAME	Tammy Irwin	
STREET ADDRESS			5.3 STREET ADDRESS	4242 Robert ST.	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Tequesta, Fl. 33469	
TITLE		☐ DELETE	6.1 TITLE	Recording Secretary/ Director	☐ Change ☑ Addition
NAME			6.2 NAME	Janet Weisbecker	
STREET ADDRESS			6.3 STREET ADDRESS	18996 S.E. Coral Reef Lane	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Jupiter, Fl. 33458	

CR2E037 (5/99)

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: Yvonne Pucci REQUIRED Yvonne Pucci 7/7/99 561-546-6899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #