

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 738305 (2)
1. Corporation Name
EVERGREEN WOMENS CLUB, INC., OF DELAND, FLORIDA



Principal Place of Business Mailing Address
P O BOX 1745 DELAND FL 32720 P O BOX 1745 DELAND FL 32720

3. Date Incorporated or Qualified **03/08/1977** 3a. Date of Last Report **05/01/1995**

21. Principal Place of Business EVERGREEN WOMENS CLUB	22. Suite, Apt. #, etc. 503 SOUTH DELAWARE	23. City & State DELAND, FLA	24. Zip 32720	25. Country VOLUSIA	26. Mailing Address EVERGREEN WOMENS CLUB	27. Suite, Apt. #, etc. P.O. BOX 1745	28. City & State DELAND, FLA.	29. Zip 32720	30. Country VOLUSIA
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4. FEI Number **NOT APPLICABLE** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent JENKINS, JACQUELYN D 523 W HUBBARD AVE DELAND FL 32720				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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, ORA	1.2 NAME	AKINS, Evelyn
STREET ADDRESS	708 SOUTH CLARA	1.3 STREET ADDRESS	512 So. Florida, Ave.
CITY-ST-ZIP	DELAND FL	1.4 CITY-ST-ZIP	DELAND, Fla. 32720
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D STOKES, ANETTA	2.2 NAME	
STREET ADDRESS	224 SOUTH ADELLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D JOHNSON, WILLIE MAE R	3.2 NAME	
STREET ADDRESS	301 SOUTH ORANGE AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL 32720	3.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S WHITE, EVA	4.2 NAME	SHARP, SHARON
STREET ADDRESS	486 WEST BERESFORD ROAD	4.3 STREET ADDRESS	334 WEST EUCLID AVE
CITY-ST-ZIP	DELAND FL 32720	4.4 CITY-ST-ZIP	DELAND, FLA. 32720
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V PRICE, DOROTHY	5.2 NAME	
STREET ADDRESS	808 SOUTH CLARA AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL 32720	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T DURMAT, ELIZABETH	6.2 NAME	
STREET ADDRESS	501 WEST LISBON PARKWAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL 32720	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Jenkins, Jacquelyn D. 3-15-98 904-738-7014
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)