

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 # 740960 (0)

1. Corporation Name

JUNIOR WOMAN'S CLUB OF ST. AUGUSTINE, INC.



Principal Place of Business

Mailing Address

3640 JOE ASHTON ROAD
ST. AUGUSTINE FL 32092
US

3840 JOE ASHTON ROAD
ST. AUGUSTINE FL 32092
US

3. Date Incorporated or Qualified
12/06/1977

3a. Date of Last Report
03/08/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 203 B STREET

27 203 B STREET

23 City & State

28 City & State

23 ST. AUGUSTINE, FL

28 ST. AUGUSTINE, FL

24 Zip

25 Country

29 Zip

30 Country

24 32084

29 FL 32084

4. FEI Number

59-1817881

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

10. Name and Address of New Registered Agent

TIMMONS, SUSAN
109 FERROL RD
ST. AUGUSTINE FL 32084

81 Name MICHELLE HOLISTER

82 Street Address (P.O. Box Number is Not Acceptable)

203 B STREET

83

84 City

ST. AUGUSTINE, FL

85

Zip Code

32084

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

Michelle R. Hollister

(NOTE: Registered Agent signature required when incorporating)

3/25/96

Signature, typed or printed name of registered agent and 30-day applicable

Date:

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	BURCHFIELD, ROBIN	
STREET ADDRESS	237 SEGOVIA RAOD	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ZITSMAN, SUE	
STREET ADDRESS	50 SARGOSSA ST	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	TIMMONS, SUSAN	
STREET ADDRESS	109 FERROL ROAD	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SLAVEN, KRISTA	
STREET ADDRESS	3 B STREET #B	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HOLISTER, MICHELLE	
STREET ADDRESS	203 B STREET	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	VD
33 STREET ADDRESS	ROBIN PACO
34 CITY-ST-ZIP	5289 CEDAR ROAD
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	ST. AUGUSTINE, FL 32086
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	500001763935
53 STREET ADDRESS	-04/01/96--01010-024
54 CITY-ST-ZIP	***61.25
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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:

SUSAN ZITSMAN

Susan Zitsman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

(904) 829-1770

Corporate Phone #

CR2E037 (12/95)