


FILE NOW: FILING FEE IS \$61.25

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Jul 02 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 # 740960 (0)**

1. Corporation Name  
**JUNIOR WOMAN'S CLUB OF ST. AUGUSTINE, INC.**



Principal Place of Business <b>237 SEGOVIA ROAD ST. AUGUSTINE FL 32086 US</b>	Mailing Address <b>237 SEGOVIA ROAD ST. AUGUSTINE FL 32086 US</b>
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3. Date Incorporated or Qualified <b>12/06/1977</b>	
4. FEI Number <b>59-1817881</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 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 type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

**9. Name and Address of Current Registered Agent**

**SWAIN, RHONDA  
853 QUEEN ROAD  
ST. AUGUSTINE FL 32086**

**10. Name and Address of New Registered Agent**

<b>81</b> Name <b>Brianne Strange</b>
<b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>450 Orchis Rd</b>
<b>83</b>
<b>84</b> City <b>St Augustine</b>
<b>85</b> State <b>FL</b>
Zip Code <b>32086</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 **Brianne Strange** *Brianne Strange* **4/28/98**

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

12. OFFICERS AND DIRECTORS		DELETE
TITLE <b>P</b>	NAME <b>BURCHFIELD, ROBIN</b>	<input type="checkbox"/>
STREET ADDRESS <b>237 SEGOVIA ROAD</b>	CITY-ST-ZIP <b>ST. AUGUSTINE FL 32086</b>	
TITLE <b>V</b>	NAME <b>JARDINE, MARY</b>	<input type="checkbox"/>
STREET ADDRESS <b>70 WILLOW DRIVE</b>	CITY-ST-ZIP <b>ST. AUGUSTINE FL 32084</b>	
TITLE <b>S</b>	NAME <b>MCPHILLIPS, LISA</b>	<input type="checkbox"/>
STREET ADDRESS <b>475 ARRICOLA AVE.</b>	CITY-ST-ZIP <b>ST. AUGUSTINE FL 32084</b>	
TITLE <b>T</b>	NAME <b>SWAIN, RHONDA</b>	<input checked="" type="checkbox"/>
STREET ADDRESS <b>853 QUEEN ROAD</b>	CITY-ST-ZIP <b>ST. AUGUSTINE FL 32086</b>	
TITLE <b>D</b>	NAME <b>O'CONNELL, KIM</b>	<input type="checkbox"/>
STREET ADDRESS <b>1091 MANTEL AVE.</b>	CITY-ST-ZIP <b>ST. AUGUSTINE FL 32086</b>	
TITLE <b>D</b>	NAME <b>BROWNETT, TRACYE</b>	<input checked="" type="checkbox"/>
STREET ADDRESS <b>20 SEA PARK DRIVE</b>	CITY-ST-ZIP <b>ST. AUGUSTINE FL 32084</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE <b>D</b>	1.2 NAME	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.3 STREET ADDRESS	1.4 CITY-ST-ZIP		
2.1 TITLE	2.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
2.3 STREET ADDRESS	2.4 CITY-ST-ZIP		
3.1 TITLE	3.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
3.3 STREET ADDRESS	3.4 CITY-ST-ZIP		
4.1 TITLE <b>TD</b>	4.2 NAME <b>Brianne Strange</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.3 STREET ADDRESS <b>450 Orchis Rd</b>	4.4 CITY-ST-ZIP <b>St Augustine FL 32086</b>		
5.1 TITLE	5.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
5.3 STREET ADDRESS	5.4 CITY-ST-ZIP		
6.1 TITLE	6.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
6.3 STREET ADDRESS	6.4 CITY-ST-ZIP		

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 **Robin Burchfield** *Robin Burchfield* **4/28/98**

CR2E037 (10/97)