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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 740960

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

Principal Place of Business 237 SEGOVIA ROAD ST. AUGUSTINE FL 32086 US	Mailing Address 237 SEGOVIA ROAD ST. AUGUSTINE FL 32086 US
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2. Principal Place of Business 21 109 FERROL ROAD	2a. Mailing Address 26 109 FERROL ROAD	3. Date Incorporated or Qualified 12/06/1977
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1817881
City & State 23 ST. AUGUSTINE FL	City & State 28 ST. AUGUSTINE, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24 32092	Country 25 US	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 29 32092	Country 30 US	

9. Name and Address of Current Registered Agent STRANGE, BRIANNE 450 ORCHIS RD ST. AUGUSTINE FL 32086	10. Name and Address of New Registered Agent 81 Name LORI L. MONSON 82 Street Address (P.O. Box Number is Not Acceptable) 74 WILLOW RD. 83 84 City ST. AUGUSTINE FL 85 Zip Code 32084
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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 Lori L. Monson DATE **4-20-99**
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 PD <input checked="" type="checkbox"/> DELETE	NAME BURCHFIELD, ROBIN	1.1 TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME SUSAN TIMMONS
STREET ADDRESS 237 SEGOVIA ROAD	CITY-ST-ZIP ST. AUGUSTINE FL 32086	1.3 STREET ADDRESS 109 FERROL ROAD	1.4 CITY-ST-ZIP ST. AUGUSTINE, FL 32092
TITLE V <input type="checkbox"/> DELETE	NAME JARDINE, MARY	2.1 TITLE V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME SCHUYLER SIEFKER
STREET ADDRESS 70 WILLOW DRIVE	CITY-ST-ZIP ST. AUGUSTINE FL 32084	2.3 STREET ADDRESS 704 ALDEN WAY	2.4 CITY-ST-ZIP ST. AUGUSTINE, FL 32086
TITLE S <input type="checkbox"/> DELETE	NAME MCPHILLIPS, LISA	3.1 TITLE S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME POLLY FLINT
STREET ADDRESS 475 ARRICOLA AVE.	CITY-ST-ZIP ST. AUGUSTINE FL 32084	3.3 STREET ADDRESS 3119-B COASTAL HWY.	3.4 CITY-ST-ZIP ST. AUGUSTINE, FL 32095
TITLE TD <input checked="" type="checkbox"/> DELETE	NAME STRANGE, BRIANNE	4.1 TITLE TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME LORI L. MONSON
STREET ADDRESS 450 ORCHIDS RD	CITY-ST-ZIP ST. AUGUSTINE FL 32086	4.3 STREET ADDRESS 74 WILLOW RD.	4.4 CITY-ST-ZIP ST. AUGUSTINE, FL 32084
TITLE D <input type="checkbox"/> DELETE	NAME O'CONNELL, KIM	5.1 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME DEB CASCADDEN
STREET ADDRESS 1091 MANTEL AVE.	CITY-ST-ZIP ST. AUGUSTINE FL 32086	5.3 STREET ADDRESS 702 ALCANTE ROAD	5.4 CITY-ST-ZIP ST. AUGUSTINE FL 32086
TITLE <input type="checkbox"/> DELETE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: LORI L. MONSON DATE **4-20-99** DAYTIME PHONE # **904-460-1054**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)