


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **741007** (9)
1. Corporation Name

EAST PASCO JUNIOR WOMAN'S CLUB, INC.



Principal Place of Business WOMEN'S CLUB 37822 PALM AVENUE DADE CITY FL 33525 US	Mailing Address P O BOX 1831 DADE CITY FL 33526-1831 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (Building) 21 Woman's Club	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/12/1977	3a. Date of Last Report 02/21/1996
Suite, Apt. #, etc. 22 37922 Palm Ave.	Suite, Apt. #, etc. 27	4. FEI Number 59-1822239	Applied For Not Applicable
City & State 23 Dade City, FL	City & State 28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24 33525	Country 25 US	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent DAYTON, WILLIAM G. 105 1/2 S 7 ST DADE CITY FL 33525		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	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MCBATH, BRENDA		1.2 NAME Laura Altman	
STREET ADDRESS 38034 BOZEMAN ROAD		1.3 STREET ADDRESS 11815 Chesterfield Rd.	
CITY-ST-ZIP DADE CITY FL 33525		1.4 CITY-ST-ZIP Dade City, FL 33525	
TITLE VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME JOHNSON, NANCY C		2.2 NAME Trina McCabe	
STREET ADDRESS 14714 MT. ZION ROAD		2.3 STREET ADDRESS 37934 Coleman Ave.	
CITY-ST-ZIP DADE CITY FL 33525		2.4 CITY-ST-ZIP Dade City, FL 33525	
TITLE T	<input checked="" type="checkbox"/> DELETE	3.1 TITLE T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME RIDDAUGH, HARRIET		3.2 NAME Sylvia Tipton	
STREET ADDRESS 37641 CHURCH AVE.		3.3 STREET ADDRESS 37741 Palm Ave.	
CITY-ST-ZIP DADE CITY FL 33525		3.4 CITY-ST-ZIP Dade City, FL 33525	
TITLE VD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LARUE, DEBORAH		4.2 NAME Lisa Dawson	
STREET ADDRESS 11970 JUST-A-MERE LANE		4.3 STREET ADDRESS 11446 Sun Rd.	
CITY-ST-ZIP DADE CITY FL 33525		4.4 CITY-ST-ZIP Dade City, FL 33525	
TITLE VD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ALFONSO, NANCY		5.2 NAME Heidi Cross	
STREET ADDRESS 13811 9TH STREET		5.3 STREET ADDRESS 16938 Powerline Rd.	
CITY-ST-ZIP DADE CITY FL 33525		5.4 CITY-ST-ZIP Dade City, FL 33525	
TITLE S	<input type="checkbox"/> DELETE	6.1 TITLE VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME STORCH, GINGER		6.2 NAME Michelle Waters	
STREET ADDRESS 38452 BOZEMAN RD		6.3 STREET ADDRESS 14344 13th St.	
CITY-ST-ZIP DADE CITY FL 33525		6.4 CITY-ST-ZIP Dade City, FL 33525	

14. I do 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 _____ SIGNATURE REQUIRED: Enter 7-18-97 (25) E12 1108

CR2E037 (4/97)