

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 # 743377 (4)

1. Corporation Name
MERRITT ISLAND WOMAN'S CLUB, INC.



Principal Place of Business: PO BOX 540924, MERRITT ISLAND FL 32954-0924, US
Mailing Address: PO BOX 540924, MERRITT ISLAND FL 32954-0924, US

3. Date Incorporated or Qualified: 06/26/1978
3a. Date of Last Report: 03/03/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-6206108	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
23	28	6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Zip	Country	29	30
24	25	29	30

9. Name and Address of Current Registered Agent

HALL, SARA K.
360 PINE BLVD.
MERRITT ISLAND FL 32952

10. Name and Address of New Registered Agent

81 Name: JOYCE L. HAWKINS
82 Street Address (P.O. Box Number is Not Acceptable): 1250 FAULKINGHAM RD
83 City: MERRITT ISLAND FL 32952-2795
84 Zip Code: FL 85

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: *Joyce L. Hawkins*

3-1-96

(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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STUCKE, HAZEL	1.2 NAME	AUCHTER, ELIZABETH
STREET ADDRESS	2210 HERON DRIVE	1.3 STREET ADDRESS	250 MALAGA COURT
CITY-ST-ZIP	MERRITT ISLAND FL	1.4 CITY-ST-ZIP	MERRITT ISLAND FL 32953-3045
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATZIN, LOIS	2.2 NAME	GIBSON, DIANNE
STREET ADDRESS	980 DEARA DRIVE	2.3 STREET ADDRESS	285 ANDROS DR.
CITY-ST-ZIP	ROCKLEDGE FL	2.4 CITY-ST-ZIP	MERRITT ISLAND FL 32952-3602
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, MARGARET	3.2 NAME	THORNTON, DAKOTA
STREET ADDRESS	1490 POLARIS STREET	3.3 STREET ADDRESS	860 MEADOW LARK LN.
CITY-ST-ZIP	MERRITT ISLAND FL	3.4 CITY-ST-ZIP	MERRITT ISLAND FL 32952-7816
TITLE	VD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUCHTER, ELIZABETH	4.2 NAME	HOWARD, MIKIE
STREET ADDRESS	250 MALAGA COURT	4.3 STREET ADDRESS	1610 SUN POINT PL
CITY-ST-ZIP	MERRITT ISLAND FL	4.4 CITY-ST-ZIP	MERRITT ISLAND FL 32952-8941
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRUCHER, JOANNE	5.2 NAME	
STREET ADDRESS	1465 CENTRAL AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL	5.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, SARA	6.2 NAME	HAWKINS, JOYCE L.
STREET ADDRESS	360 PINE BLVD.	6.3 STREET ADDRESS	1250 FAULKINGHAM RD.
CITY-ST-ZIP	MERRITT ISLAND FL	6.4 CITY-ST-ZIP	MERRITT ISLAND FL 32952-2795

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: *Joyce L. Hawkins* JOYCE L. HAWKINS 3-1-96 407/453-0826

CR2E037 (12/95)

MERRITT ISLAND WOMAN'S CLUB

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BOX 13 OFFICERS & DIRECTORS (CONT.)

SD LAMPKIN, JOAN

710 VENETIAN WAY

MERRITT ISLAND FL. 32953