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**Mar 09 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 06/26/1978	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
4. FEI Number 59-6206108		
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**MALPERE, JOYCE
595 PARKSIDE AVE
MERRITT ISLAND FL 32953**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 Malpere* DATE: **3-2-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	RD	1.1 TITLE	PD
NAME	AUCHTER, ELIZABETH	1.2 NAME	HALL, SARA
STREET ADDRESS	250 MALAGA CT	1.3 STREET ADDRESS	360 Pine Boulevard
CITY-ST-ZIP	MERRITT ISLAND FL	1.4 CITY-ST-ZIP	Merritt Island, Fl. 32952-6006
TITLE	VD	2.1 TITLE	VD
NAME	GIBSON, DIANNE	2.2 NAME	Patricia Hobbs
STREET ADDRESS	285 ANDROS DR	2.3 STREET ADDRESS	5775 North Tropical Trail
CITY-ST-ZIP	MERRITT ISLAND FL	2.4 CITY-ST-ZIP	Merritt Island, Fl. 32953-7206
TITLE	VD	3.1 TITLE	VD
NAME	SEAMAN, BARBARA	3.2 NAME	Mary Luhn
STREET ADDRESS	510 HIDDEN CREEK DR	3.3 STREET ADDRESS	2815 South Atlantic Avenue #601
CITY-ST-ZIP	MERRITT ISLAND FL	3.4 CITY-ST-ZIP	Cocoa Beach, Fl. 32931-2148
TITLE	VD	4.1 TITLE	VD
NAME	HOWARD, MIKIE	4.2 NAME	Joann Steele
STREET ADDRESS	1610 SUN POINT PL	4.3 STREET ADDRESS	3670 South Tropical Trail
CITY-ST-ZIP	MERRITT ISLAND FL	4.4 CITY-ST-ZIP	Merritt Island, Fl. 32952-6121
TITLE	SD	5.1 TITLE	SD
NAME	THRESS, ANITA	5.2 NAME	Judith Niemeyer
STREET ADDRESS	2035 TEMPLE AVE	5.3 STREET ADDRESS	240 Northgrove Drive
CITY-ST-ZIP	MERRITT ISLAND FL	5.4 CITY-ST-ZIP	Merritt Island, Fl. 32953-7956
TITLE	TD	6.1 TITLE	
NAME	MALPERE, JOYCE	6.2 NAME	
STREET ADDRESS	595 PARKSIDE AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL	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: *Joyce Malpere* (Joyce Malpere) 3-2-98 407.452.8473

CP2E037 (10/97)