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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 743377

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/26/1978

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-6206108

Applied For
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MALPERE, JOYCE
595 PARKSIDE AVE
MERRITT ISLAND FL 32953

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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*

2-19-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME HALL, SARA
STREET ADDRESS 360 PINE BLVD
CITY-ST-ZIP MERRITT ISLAND FL 32952

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ~~VD~~
NAME ~~LUHN, MARY~~
STREET ADDRESS ~~2815 S ATLANTIC AVE SUITE 601~~
CITY-ST-ZIP ~~COCOA BEACH FL 32931~~

2.1 TITLE Change Addition
2.2 NAME Patricia Hobbs
2.3 STREET ADDRESS 5775 North Tropical Trail
2.4 CITY-ST-ZIP Merritt + Island, FL 32963-7206

TITLE ~~VD~~
NAME ~~LUHN, MARY~~
STREET ADDRESS ~~2815 S ATLANTIC AVE SUITE 601~~
CITY-ST-ZIP ~~COCOA BEACH FL 32931~~

3.1 TITLE Change Addition
3.2 NAME ~~THRESS, ANITA~~
3.3 STREET ADDRESS 2035 Temple Ave
3.4 CITY-ST-ZIP Merritt + Island, FL 32953

TITLE ~~VD~~
NAME STEELE, JOANN
STREET ADDRESS 3670 S TROPICAL TR
CITY-ST-ZIP MERRITT ISLAND FL 32952

4.1 TITLE Change Addition
4.2 NAME Carol Macht
4.3 STREET ADDRESS 1210 Daniel Court
4.4 CITY-ST-ZIP Merritt + Island, FL 32952

TITLE ~~SD~~
NAME ~~NEIMEYER, JUDITH~~
STREET ADDRESS ~~240 NORTHGROVE DRIVE~~
CITY-ST-ZIP ~~MERRITT ISLAND FL 32953~~

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE TD
NAME MALPERE, JOYCE
STREET ADDRESS 595 PARKSIDE AVE
CITY-ST-ZIP MERRITT ISLAND FL

6.1 TITLE Change Addition
6.2 NAME
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: *Joyce Malpere* SIGNATURE REQUIRED *Joyce Malpere* 2-19-99 407-452-8473

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)