

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90141 046 ***61.25

DOCUMENT # 743377

1. Entity 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

ATTN: TREASURER

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-6206108

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~MALPERE, JOYCE~~ **HAWKINS JOYCE L.**
~~595 PARKSIDE AVE~~ **1250 FAULKINGHAM RD.**
~~MERRITT ISLAND FL 32954~~
32952-2795

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

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE J. L. Hawkins, Treasurer DATE 3-8-2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HALL, SARA	
STREET ADDRESS	360 PINE BLVD	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HOBBS, PATRICIA	
STREET ADDRESS	5775 N TROPICAL TRAIL	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	THRESS, ANITA	
STREET ADDRESS	2035 TEMPLE AVE	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MACHT, CAROL	
STREET ADDRESS	1210 DANIEL COURT	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	NEIMEYER, JUDITH	
STREET ADDRESS	240 NORTHGROVE DRIVE	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MALPERE, JOYCE	
STREET ADDRESS	595 PARKSIDE AVE	
CITY-ST-ZIP	MERRITT ISLAND FL	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barbara Seaman	
STREET ADDRESS	610 Hidden Creek Dr.	
CITY-ST-ZIP	Merritt Island, Fl. 32952-5201	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hazel Stucke	
STREET ADDRESS	2210 Heron Dr.	
CITY-ST-ZIP	Merritt Island, Fl. 32952-4045	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Iva Steel	
STREET ADDRESS	115 N Inaian River Dr. #120	
CITY-ST-ZIP	Cocoa, Fl. 32922-4709	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Anne Cairns	
STREET ADDRESS	851 Gardner Rd.	
CITY-ST-ZIP	Rockledge, Fl. 32955-8138	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHILL, JO BETH	
STREET ADDRESS	540 PLANTATION RD.	
CITY-ST-ZIP	MERRITT ISLAND, FL. 32952-4033	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joyce Hawkins	
STREET ADDRESS	1250 Faulkingham Rd.	
CITY-ST-ZIP	Merritt Island, Fl. 32952-2795	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: J. L. Hawkins, Treasurer DATE 3-8-2000 D/Phone # 321/453-0826
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date D/Phone #