


FILE NOW: FILING FEE IS \$61.25

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May 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	
DOCUMENT # 748352 (2) 1. Corporation Name MONTICELLO WOMAN'S CLUB			
Principal Place of Business 975 E PEARL STREET P.O. BOX 176 MONTICELLO FL 32344		Mailing Address 975 E PEARL STREET P.O. BOX 176 MONTICELLO FL 32344-3006	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country	
3. Date Incorporated or Qualified 06/03/1979		3a. Date of Last Report 02/08/1996	
4. FEI Number 59-2031428		Applied For <input type="checkbox"/> Not Applicable	
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	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent BIRD, T. BUCKINGHAM 220 S. CHERRY ST. MONTICELLO FL 32344		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	
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 Signature, typed or printed name of registered agent and title if applicable		DATE 3-24-97	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD JOINER, SANDY M 180 COOPERS POND ROAD MONTICELLO FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	P LOTTIE BERRY P. O. BOX 534 (N/A) Monticello, Fla. 32344
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BERRY, LOTTIE P. O. BOX 534 N/A MONTICELLO FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	VP LOUISE CAITWOOD RR 2, BOX 220 Monticello, Fla. 3234
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DUKES, SHARON P. O. BOX 309 N/A MONTICELLO FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	2nd Vice-Pres Toni Lane P.O. Box 758 (N/A) Monticello, Fla. 32345
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V COX, JANE P. O. BOX 60 N/A MONTICELLO, FL 00000	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	3rd Vice-Pres Linda Curry Rt 3 Box 134-1 Monticello, Fla. 32344
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BISHOP, DOROTHY P. O. BOX 26 N/A MONTICELLO FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	Sect Betty Bard Rt. 1 Box 7-C Monticello, Fla 32344
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DELETED	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	Tres. Amanda Ouzts RR 2 Box 219-H Monticello, Fla 32344
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: AMANDA OUZTS <i>Amanda C. Ouzts</i>			

CR2E037 (9/96)