

FILE NOW: FILING FEE IS \$61.25

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Feb 12 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 # **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
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3. Date Incorporated or Qualified 08/03/1979	4. FEI Number 59-2031428	Applied For Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 975 E. PEARL ST 22 City & State MONTICELLO FL 23 Zip 32344 24 Country SE-FLORIDA	2a. Mailing Address 26 Suite, Apt. #, etc. P.O. Box 176 27 City & State MONTICELLO FL 28 Zip 32345 29 Country SE-FLORIDA
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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 checked="" type="checkbox"/> Yes <input 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 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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BERRY, LOTTIE P.O. BOX 534 (N/A) MONTICELLO FL 32344 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	TONI LANE (P) PO BOX 758 (N/A) MONTICELLO FL 32345 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD CAITWOOD, LOUISE RT 2, BOX 220 MONTICELLO FL 32344 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	SANDY NABBY (VP) RT 4 - BOX 40995 MONTICELLO, FL 32344 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP LANE, TONI P.O. BOX 758 (N/A) MONTICELLO FL 32345 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	LOTTIE BERRY P.O. BOX 534 (N/A) (TD) MONTICELLO FL <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3VP CURRY, LINDA RT 3, BOX 134-1 MONTICELLO FL 32344 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	LOUISE CAITWOOD R2 - BOX 220 (TD) MONTICELLO, FL 32344 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARD, BETTY RT 1, BOX 7-C MONTICELLO FL 32344 <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	S/BETTY BARD RT 1, BOX 7-C MONTICELLO FL 32344 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OUZTS, AMANGA RR 2, BOX 219-H MONTICELLO FL 32344 <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	T/ TD AMANGA OUZTS RT 2 - BOX 219 H MONTICELLO, FL 32344 <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Amanda Ouzts (Pres TD 2-7-98 (850-991-4553)

CP25037 (10/97)