


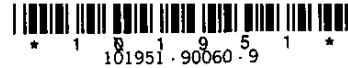
FILE NOW: FILING FEE IS \$61.25

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Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90060 009 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 748352					
1. Corporation Name MONTICELLO WOMAN'S CLUB					
Principal Place of Business 975 E PEARL STREET MONTICELLO FL 32344 US			Mailing Address P.O. BOX 176 MONTICELLO FL 32345 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/03/1979	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2031428	
22		27		Applied For <input type="checkbox"/> Not Applicable	
23		28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24	Country	29	Country	30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BIRD, T. BUCKINGHAM 220 S. CHERRY ST. MONTICELLO FL 32344				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	TD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BERRY, LOTTIE			1.2 NAME			
STREET ADDRESS	P.O. BOX 534 (N/A)			1.3 STREET ADDRESS			
CITY-ST-ZIP	MONTICELLO FL 32344			1.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CARTWOOD, LOUISE <i>CHITWOOD</i>			2.2 NAME	<i>name mis-spelled</i>		
STREET ADDRESS	RT 2, BOX 220			2.3 STREET ADDRESS			
CITY-ST-ZIP	MONTICELLO FL 32344			2.4 CITY-ST-ZIP			
TITLE	P	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LANE, TONI			3.2 NAME			
STREET ADDRESS	P.O. BOX 758 (N/A)			3.3 STREET ADDRESS			
CITY-ST-ZIP	MONTICELLO FL 32345			3.4 CITY-ST-ZIP	<i>MONTICELLO, FL 32344</i>		
TITLE	VP	<input type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NABY, SANDY <i>NAGY</i>			4.2 NAME	<i>name mis-spelled</i>		
STREET ADDRESS	RT 4 BOX 40995			4.3 STREET ADDRESS			
CITY-ST-ZIP	MONTICELLO FL 32344			4.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BARD, BETTY			5.2 NAME			
STREET ADDRESS	RT 1, BOX 7-C			5.3 STREET ADDRESS			
CITY-ST-ZIP	MONTICELLO FL 32344			5.4 CITY-ST-ZIP			
TITLE	TTD	<input type="checkbox"/> DELETE		6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	OUZTS, AMANGA <i>AMANDA</i>			6.2 NAME	<i>name mis-spelled</i>		
STREET ADDRESS	RR 2, BOX 219-H			6.3 STREET ADDRESS			
CITY-ST-ZIP	MONTICELLO FL 32344			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:

Elizabeth Z. Bard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-99

Date

850-997-1201

Daytime Phone #

CR2E037 (11/98)