


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90024 038 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 755223</b>					
1. Corporation Name <b>GFWC MELBOURNE AREA JUNIOR WOMAN'S CLUB, INC.</b>					
Principal Place of Business <b>2835 RANCH ROAD MELBOURNE FL 32904 US</b>			Mailing Address <b>P.O. BOX 1544 MELBOURNE FL 32902 US</b>		



2. Principal Place of Business 21 <b>1858 Thesy Drive</b>		2a. Mailing Address 26 Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>11/21/1980</b>	
22 Suite, Apt. #, etc. <b>Viera</b>		27 Suite, Apt. #, etc.		4. FEI Number <b>59-1739311</b>	
23 City & State <b>Viera FL</b>		28 City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 Zip <b>32940</b> 25 Country <b>USA</b>		29 Zip <b>30</b> Country		6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>THOMAS W. DEANS, ESQUIRE 47 W. NEW HAVEN AVENUE SUITE 101 MELBOURNE FL 32901</b>			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City <b>FL</b> 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. (NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE			
NAME	<b>STRATTON, PAULA</b>				
STREET ADDRESS	<b>2835 RANCH RD</b>				
CITY-ST-ZIP	<b>MELBOURNE FL</b>				
TITLE	<b>S</b>	<input type="checkbox"/> DELETE			
NAME	<b>CLEMMONS, SANDY</b>				
STREET ADDRESS	<b>2957 TIVOLI AVE., S.E.</b>				
CITY-ST-ZIP	<b>PALM BAY FL</b>				
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE			
NAME	<b>DEANS, REBECCA B.</b>				
STREET ADDRESS	<b>135 9TH AVENUE</b>				
CITY-ST-ZIP	<b>INDIALANTIC FL</b>				
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE			
NAME	<b>FALK, LISA</b>				
STREET ADDRESS	<b>1858 THESY DRIVE</b>				
CITY-ST-ZIP	<b>VIERA FL</b>				
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE			
NAME	<b>KIENZLE, MARY</b>				
STREET ADDRESS	<b>1466 WELLINGTON CIR</b>				
CITY-ST-ZIP	<b>ROCKLEDGE FL 32955</b>				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
5.2 NAME	<b>Barbara Kish</b>				
5.3 STREET ADDRESS	<b>1025 Lennox Way</b>				
5.4 CITY-ST-ZIP	<b>Melbourne FL 32940</b>				
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:  SIGNATURE REQUIRED  
1/25/99 (407) 253-8090  
Day Daytime Phone #

CR2E037 (11/98)