

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 755693

1. Corporation Name

WOMAN'S CLUB OF PEMBROKE PINES

Principal Place of Business

Mailing Address

MARJORIE A. JEFFERS
2401 S.W. 26 AVE.
FT. LAUDERDALE, FL 33312

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		12-29-80		1-26-95	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		69-2066614		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		Zip		Country	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

81	Name	MARJORIE A. JEFFERS
82	Street Address (P.O. Box Number is Not Acceptable)	2401 S.W. 26 AVENUE
83		
84	City	FT. LAUDERDALE FL
85	Zip Code	33312

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 *Marjorie A. Jeffers* 5-7-96
Signature typed or printed name of registered agent and date of signature (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	P/D ANNA CALDARA <input checked="" type="checkbox"/> DELETE	11 TITLE	P/D SHARRON FRADY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8920 N.W. 8 ST.	12 NAME	600 S.W. 69 WAY
STREET ADDRESS	PEMBROKE PINES, FL 33024	13 STREET ADDRESS	PEMBROKE PINES, FL 33023
CITY-ST-ZIP		14 CITY-ST-ZIP	
TITLE	S/D <input type="checkbox"/> DELETE	21 TITLE	
NAME	JUDY RODGERS	22 NAME	
STREET ADDRESS	6981 S.W. 5 ST.	23 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES, FL 33023	24 CITY-ST-ZIP	
TITLE	T/D <input checked="" type="checkbox"/> DELETE	31 TITLE	T/D MARJORIE A. JEFFERS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RENEE SCHRUPP	32 NAME	2401 S.W. 26 AVE.
STREET ADDRESS	1200 S.W. 96 TERR.	33 STREET ADDRESS	FT. LAUDERDALE, FL 33312
CITY-ST-ZIP	PEMBROKE PINES, FL 33025	34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	900001820069
CITY-ST-ZIP		54 CITY-ST-ZIP	-05/14/96--01037--031
TITLE	<input type="checkbox"/> DELETE	61 TITLE	***61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Marjorie A. Jeffers* 5-7-96 (954) 321-9483
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)