

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 03 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 # **755693** (9)

1. Corporation Name

WOMAN'S CLUB OF PEMBROKE PINES, INC.



Principal Place of Business	Mailing Address
MARJORIE A. JEFFERS 2401 S.W. 26 AVE. FT. LAUDERDALE FL 33312 US	MARJORIE A. JEFFERS 2401 S.W. 26 AVE. FT. LAUDERDALE FL 33312-4538 US

3. Date Incorporated or Qualified 12/29/1980	3a. Date of Last Report 05/13/1996
--	--

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	30 Country

4. FEI Number 59-2066614	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 checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
JEFFERS, MARJORIE A MARJORIE A. JEFFERS 2401 S.W. 26 AVE. FT. LAUDERDALE FL 33312

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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	PD <input type="checkbox"/> DELETE
NAME	FRADY, SHARRON
STREET ADDRESS	600 SW 69 WAY
CITY-ST-ZIP	PEMBROKE PINES FL 33023
TITLE	SD <input type="checkbox"/> DELETE
NAME	RODGERS, JUDY
STREET ADDRESS	6981 S.W. 5TH ST.
CITY-ST-ZIP	PEMBROKE PINES FL 33023
TITLE	TD <input type="checkbox"/> DELETE
NAME	JEFFERS, MARJORIE A
STREET ADDRESS	2401 SW 26 AVE
CITY-ST-ZIP	FT. LAUDERDALE FL 33312
TITLE	DV <input checked="" type="checkbox"/> DELETE
NAME	HORVATH, JOAN
STREET ADDRESS	1801 NW 106 AVE
CITY-ST-ZIP	PEMBROKE PINES FL
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	JEFFERS, MARJORIE
STREET ADDRESS	7430 NW 1 COURT
CITY-ST-ZIP	PEMBORKE PINES, FL 00000
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	CALDARA, ANNA
STREET ADDRESS	8820 NW 8 ST
CITY-ST-ZIP	PEMBROKE PINES, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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: *Marjorie A. Jeffers* **MAJORED** *March 5, 1997*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0036078

CR2E037 (9/96)