


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **755878** (6)
1. Corporation Name
IDEAL WOMAN'S CLUB OF WINTER PARK, FLORIDA, INC.



Principal Place of Business IDEAL NORMAN'S CLUB 120 S. PENNSYLVANIA AVE. WINTER PARK FL 32789 US	Mailing Address IDEAL WOMAN'S CLUB 120 S. PENNSYLVANIA AVE. WINTER PARK FL 32789-4139 US
--	--

3. Date Incorporated or Qualified 01/13/1981	3a. Date of Last Report 01/31/1996
--	--

2. Principal Place of Business 21 Ideal Woman's Club Suite, Apt. #, etc. 22 141 S. Pennsylvania Ave. City & State 23 Winter park, FLA. Zip 24 32789	2a. Mailing Address 26 Ideal Woman's Club Suite, Apt. #, etc. 27 141 S. Pennsylvania Ave. City & State 28 Winter park, FLA. Zip 29 32789
--	---

4. FEI Number 59-1714341	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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**INGRAM, ERNESTINE
678 CALLAHAN ST.
120 S. PENNSYLVANIA AVE.
WINTER PARK FL 32789**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D- Ingram Ernestine
NAME	INGRAM, ERNESTINE	1.2 NAME	678 Callahan St
STREET ADDRESS	678 CALLAHAN ST	1.3 STREET ADDRESS	Winter park, FLA
CITY-ST-ZIP	WINTER PARK FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	VD- Dixon Beverly
NAME	DIXON, BEVERLY	2.2 NAME	431 Pennsylvania Ave
STREET ADDRESS	431 PENNSYLVANIA AVE.	2.3 STREET ADDRESS	Winter park, FLA
CITY-ST-ZIP	WINTER PARK FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	S- Earlene, Blue
NAME	EARLENE, BLUE	3.2 NAME	777 W. Lyman Ave
STREET ADDRESS	777 W. LYMAN AVE.	3.3 STREET ADDRESS	Winter park, FLA
CITY-ST-ZIP	WINTER PARK FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	
NAME	WALKER, LINDA	4.2 NAME	
STREET ADDRESS	773 NEW ENGLAND AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	T- Certain Rouvenia
NAME	CERTAIN, ROUVENIA	5.2 NAME	4638 Laurel Branch Ln
STREET ADDRESS	4038 LAUREL BRANCH LN	5.3 STREET ADDRESS	Orlando, FLA.
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	T- Earlene Blue
NAME	BLUE, EARLENE	6.2 NAME	777 W. Lyman Ave
STREET ADDRESS	777 W. LYMAN AVENUE	6.3 STREET ADDRESS	Winter park, FLA 32789
CITY-ST-ZIP	WINTER PARK FL	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: _____ SIGNATURE REQUIRED _____ 1/7/97 407 644 4421
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # 0012317

CR2E037 (9/96)