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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 755878

1. Corporation Name

IDEAL WOMAN'S CLUB OF WINTER PARK, FLORIDA, INC.

Principal Place of Business

IDEAL NORMAN'S CLUB
141 S PENNSYLVANIA AVE
WINTER PARK FL 32789
US

Mailing Address

IDEAL WOMAN'S CLUB
141 S PENNSYLVANIA AVE
WINTER PARK FL 32789
US



2. Principal Place of Business

21. Ideal Woman's Club

2a. Mailing Address

26. Ideal Woman's Club

Suite, Apt. #, etc.

22. 141 Pennsylvania Ave

Suite, Apt. #, etc.

27. 141 Pennsylvania Ave

City & State

23. Winter Park, Florida

City & State

28. Winter Park, Florida

Zip

24. 32789

Country

25. Orange

Zip

29. 32789

Country

30. Orange

3. Date Incorporated or Qualified

01/13/1981

4. FEI Number

59-1714341

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

INGRAM, ERNESTINE
678 CALLAHAN ST.
141 S PENNSYLVANIA AVENUE
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

FL

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 D
NAME INGRAM, ERNESTINE
STREET ADDRESS 678 CALLAHAN ST
CITY-ST-ZIP WINTER PARK FL

DELETE

TITLE VD
NAME DIXON, BEVERLY
STREET ADDRESS 431 PENNSYLVANIA AVE
CITY-ST-ZIP WINTER PARK FL

DELETE

TITLE S
NAME EARLENE, BLUE
STREET ADDRESS 777 W. LYMAN AVE.
CITY-ST-ZIP WINTER PARK FL

DELETE

TITLE T
NAME CERTAIN, ROUVENIA
STREET ADDRESS 4038 LAUREL BRANCH LN
CITY-ST-ZIP ORLANDO FL

DELETE

TITLE T
NAME BLUE, EARLENE
STREET ADDRESS 777 W. LYMAN AVENUE
CITY-ST-ZIP WINTER PARK FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D Ingram Ernestine
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)