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May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 762973 (6)

1. Corporation Name

GFWC GULF BEACH WOMAN'S CLUB, INC.



Principal Place of Business	Mailing Address
970 45TH AVENUE N.E. C/O ALBERT E. CRISPELL, JR. ST. PETERSBURG FL 33703	970 45TH AVENUE N.E. C/O ALBERT E. CRISPELL, JR. ST. PETERSBURG FL 33703-5244

3. Date Incorporated or Qualified 04/26/1982	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2131466	Applied For 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	

2. Principal Place of Business	2a. Mailing Address
21 Florence S. Niceley Suite, Apt. #, etc.	26 Florence S. Niceley Suite, Apt. #, etc.
22 4500-1st Ave., No.	27 4500-1st Ave. No
23 St. Petersburg, FL	28 St. Petersburg FL
24 33713	29 33713
25 Pinellas	30 Pinellas

9. Name and Address of Current Registered Agent	
CRISPELL, ALBERT E., JR. 970 45TH AVENUE N.E. ST. PETERSBURG FL 33703-5244	
10. Name and Address of New Registered Agent	
81 Name Florence S. Niceley	82 Street Address (P.O. Box Number is Not Acceptable) 4500-1st Ave. No
83 St Petersburg,	84 City St. Petersburg
85 FL	86 Zip Code 33713

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 Florence S. Niceley Florence S. Niceley DATE 5/13/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EHLERS, MARION	1.2 NAME	EHLERS, MARION
STREET ADDRESS	14108 81ST AVE. N.	1.3 STREET ADDRESS	14108 81ST AVE., N.
CITY-ST-ZIP	SEMINOLE FL 34646	1.4 CITY-ST-ZIP	SEMINOLE FL 34646
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARHURST, EVELYN	2.2 NAME	WARHURST, EVELYN
STREET ADDRESS	5980 80TH ST., N. APT. 108	2.3 STREET ADDRESS	5980 80TH ST., N. APT. 108
CITY-ST-ZIP	ST. PETERSBURG FL 33709	2.4 CITY-ST-ZIP	ST. PETERSBURG FL 33709
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, CONSTANCE	3.2 NAME	DAVIS, CONSTANCE
STREET ADDRESS	12971 FARMINGTON TRAIL	3.3 STREET ADDRESS	12971 FARMINGTON TRAIL
CITY-ST-ZIP	SEMINOLE FL 34646	3.4 CITY-ST-ZIP	SEMINOLE FL 34646
TITLE	TRUS <input type="checkbox"/> DELETE	4.1 TITLE	TRUS <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NERVANI, RUTH	4.2 NAME	NERVANI, RUTH
STREET ADDRESS	7975 58 AVE N APT 311	4.3 STREET ADDRESS	7975 AVE., N. APT. 311
CITY-ST-ZIP	ST. PETERSBURG FL 33709	4.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33709
TITLE	TRUS <input type="checkbox"/> DELETE	5.1 TITLE	TRUS <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCPHERSON, JOANNE	5.2 NAME	MCPHERSON, JOANNE
STREET ADDRESS	5163 AVE.	5.3 STREET ADDRESS	5163 AVE.
CITY-ST-ZIP	REDINGTON BEACH FL 33708	5.4 CITY-ST-ZIP	REDINGTON BEACH, FL 33708
TITLE	TRUS <input type="checkbox"/> DELETE	6.1 TITLE	TRUS <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICELEY, FLORENCE	6.2 NAME	NICELEY, FLORENCE
STREET ADDRESS	4500 1ST AVE. N.	6.3 STREET ADDRESS	4500 1ST AVE. N.
CITY-ST-ZIP	ST. PETERSBURG FL 33713	6.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33713

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: Florence S. Niceley DATE 5/13/97 (813) 360-7174
Signature and typed or printed name of signing officer or director Daytime Phone # 0049994

CR2E037 (9/96)