


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 21 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 767063 (1)</b> 1. Corporation Name <b>FLORIDA GULF COAST CHAPTER (FL-2) OF THE WOMEN MARINES ASSOCIATION, INC.</b>			
Principal Place of Business		Mailing Address	
C-107, 19417 GULF BLVD. INDIAN ROCKS BEACH FL 34635 US		C-107, 19417 GULF BLVD. INDIAN ROCKS BEACH FL 33785-2220 US	
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		29 Country	
25		30	
3. Date Incorporated or Qualified		3a. Date of Last Report	
02/17/1983		02/21/1996	
4. FEI Number		Applied For	
23-7101757		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	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MORT, LOTUS T. C107, 19417 GULF BLVD. INDIAN ROCKS BCH FL 33535		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORT, LOTUS	1.2 NAME	HODGES, RUTH
STREET ADDRESS	19417 GULF BLVD C-107	1.3 STREET ADDRESS	404 87th AVENUE SOUTHEAST
CITY-ST-ZIP	INDIAN ROCKS BEACH FL	1.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33702
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARNER, NITA BOB	2.2 NAME	KELLY, KAREN
STREET ADDRESS	5403 OAKHURST RD N	2.3 STREET ADDRESS	1033 CHINA BERRY ROAD
CITY-ST-ZIP	SEMINOLE FL	2.4 CITY-ST-ZIP	CLEARWATER, FL 34624
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PURSER, ELEANOR	3.2 NAME	JOHNSON, CAROL
STREET ADDRESS	4895 BAY STREET NE #311	3.3 STREET ADDRESS	6600 9th AVENUE NORTH
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33710
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIRRUNG, JOSEPHINE G.	4.2 NAME	STEPHENSON, SYLVIA
STREET ADDRESS	801 CHESTNUT ST #1408	4.3 STREET ADDRESS	12300 VONN ROAD APT.4307
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	LARGO, FL 34644
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: <i>Sylvia Stephenson</i>		2-14-97 595-4148	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone # 0052290	

CR2E037 (9/96)