

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K43921** (1)

1. Corporation Name
WOMEN'S CLUB OF COCONUT CREEK, INC.



Principal Place of Business C/O REBECCA TOOLEY 4411 COCONUT CREEK BLVD COCONUT CR FL 33066	Mailing Address C/O REBECCA TOOLEY 4411 COCONUT CREEK BLVD COCONUT CR FL 33066-1742
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3. Date Incorporated or Qualified 11/07/1988	3a. Date of Last Report 03/29/1996
4. FEI Number 59-1911858	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	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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g. Name and Address of Current Registered Agent TOOLEY, REBECCA ANN 4411 COCONUT CR BLVD COCONUT CREEK FL FL 33066	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
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Rebecca A. Tooley 2/10/97
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	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOOLEY, REBECCA	1.2 NAME	President
STREET ADDRESS	4411 COCONUT CREEK BLVD	1.3 STREET ADDRESS	Cindy DeLancey
CITY-ST-ZIP	COCONUT CREEK FL	1.4 CITY-ST-ZIP	4400 NW 4th ST Coconut Creek FL 33066
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REESE, PATTY	2.2 NAME	
STREET ADDRESS	4110 N 8TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY, TAMMY	3.2 NAME	Sec. Deborah Hysell
STREET ADDRESS	4250 NW 9TH COURT	3.3 STREET ADDRESS	4170 NW 6th Ct
CITY-ST-ZIP	COCONUT CR FL	3.4 CITY-ST-ZIP	Coconut Creek, FL 33066
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANDT, RUTH	4.2 NAME	
STREET ADDRESS	3950 NW 4 CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CR FL	4.4 CITY-ST-ZIP	
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ruth Brandt, Treasurer Feb 11-97 954-974-8955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)