


FILE NOW: FILING FEE IS \$61.25

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90067 026 ****61.25

008682

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N35401

1. Corporation Name

THE BEVERLY HILLS WOMAN'S CLUB INC.

Principal Place of Business

Mailing Address

4451 N BACALL LOOP
 BEVERLY HILLS FL 34465
 US

P.O. BOX 640505
 BEVERLY HILLS FL 34465
 US



2. Principal Place of Business 21 867 W. Sunset Strip Dr. Suite, Apt. #, etc.	2a. Mailing Address 26 SAME	3. Date Incorporated or Qualified 11/27/1989
22 Beverly Hills, FL 34465 City & State	27 City & State	4. FEI Number 59-2796447 Applied For Not Applicable
23 Zip	28 Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Country	29 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MINICK, JACKIE
 9210 N FONTANA WAY
 Y
 CITRUS SPRINGS FL 34434

81 Name Carol Nievinski
82 Street Address (P.O. Box Number is Not Acceptable) 867 W. Sunset Strip Dr.
83
84 City Beverly Hills, FL 85 Zip Code 34465

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 Carol Nievinski, President Carol Nievinski April 22, 1999
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	President <u>PD</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINICK, JACKIE	1.2 NAME	Carol Nievinski
STREET ADDRESS	9210 N FONTANA WAY	1.3 STREET ADDRESS	867 W. Sunset Strip Dr.
CITY-ST-ZIP	CITRUS SPRINGS FL 34434	1.4 CITY-ST-ZIP	Beverly Hills, FL 34465
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	1st Vice President <u>VPD</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOBARA, NANCY	2.2 NAME	Patricia Chilton
STREET ADDRESS	3621 N LUCILLE DR	2.3 STREET ADDRESS	915 W. Starjasmine Place
CITY-ST-ZIP	BEVERLY HILLS FL 34465	2.4 CITY-ST-ZIP	Beverly Hills, FL 34465
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	2nd Vice President <u>VPD</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURNETT, JOAN	3.2 NAME	Nancy Tobara
STREET ADDRESS	209 S DESOTA ST	3.3 STREET ADDRESS	3621 N. Lucille Dr.
CITY-ST-ZIP	BEVERLY HILLS FL 34465	3.4 CITY-ST-ZIP	Beverly Hills, FL 34465
TITLE	STD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Treasurer <u>TD</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POTOCNY, LOUISE	4.2 NAME	Betty Boadwine
STREET ADDRESS	848 SUNSET STRIP DR	4.3 STREET ADDRESS	259 W. Thistle Place
CITY-ST-ZIP	BEVERLY HILLS FL 34465	4.4 CITY-ST-ZIP	Beverly Hills, FL 34465
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Recording Secretary <u>SD</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Marguerite Pinkston
STREET ADDRESS		5.3 STREET ADDRESS	106 S. Monroe St.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Beverly Hills, FL 34465
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	Corresponding Secretary <u>SD</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	Dee Glade
STREET ADDRESS		6.3 STREET ADDRESS	526 W. Jadewood Loop
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Beverly Hills, FL 34465

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:

Betty Boadwine

April 22 1999 (352) 746-7570

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BETTY J. BOADWINE TREASURER

Date 1999

Daytime Phone #

CR2E037 (11/98)