

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N36791 (4)

1. Corporation Name

LEMON BAY WOMAN'S CLUB, INC.



Principal Place of Business

Mailing Address

% ROBERT A DICKINSON ESO
460 S INDIANA AVE
ENGLEWOOD FL 34223

% ROBERT A DICKINSON ESO
460 S INDIANA AVE
ENGLEWOOD FL 34223

3. Date Incorporated or Qualified
02/26/1990

3a. Date of Last Report
04/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-6154011

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DICKERSON, ROBERT A.
460 S INDIANA AVE
ENGLEWOOD FL 34223

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 non-state)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
PD	SHELDON, VIVIAN	85 CADDY RD	ROTONDA WEST FL	<input type="checkbox"/>
VD	POWELL, TERRI	1847 WHISPERING PINES CL	ENGLEWOOD FL	<input type="checkbox"/>
S	APPLEMAN, BETTY	1491 MARYKNOLL RD	ENGLEWOOD FL	<input type="checkbox"/>
D	PFLEEGER, EMMA	2154 PYSTER CREEK DRIVE	ENGLEWOOD FL	<input type="checkbox"/>
T	GILLESPIE, AMRIAN	7308 SPINNAKER BLVD	ENGLEWOOD FL	<input type="checkbox"/>
				<input type="checkbox"/>

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP	Change	Addition
PD	Powell, Terri	1847 Whispering Pines Ct.	Englewood, FL. 34223	<input type="checkbox"/>	<input type="checkbox"/>
VD	Pfeiffer, Doris	7281 Bargello St.	Englewood, FL. 34224	<input type="checkbox"/>	<input type="checkbox"/>
S	Moreau, Mary	340 Spaniards Rd.	Cape Haze, FL. 33946	<input type="checkbox"/>	<input type="checkbox"/>
D	June, Betty	445 Sunset Dr.	Englewood, FL. 34223	<input type="checkbox"/>	<input type="checkbox"/>
T	Gillespie, Marian	7308 Spinnaker Blvd.	Englewood, FL. 34224	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Terri Powell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

474-3520

Telephone #

CR2E037 (12/95)