

FILE NOW: FILING FEE IS \$61.25

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Mar 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham,
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

3. Date Incorporated or Qualified 02/26/1990
3a. Date of Last Report 05/01/1996

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number 59-6154011
Applied For 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 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: Robert A. Dickinson 2/10/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Powell, Terri	"D"
1.3 STREET ADDRESS	1847 Whispering Pines Cl	
1.4 CITY-ST-ZIP	Englewood, Fl. 34223	
2.1 TITLE	1st Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Pfeiffer, Doris	"D"
2.3 STREET ADDRESS	7281 Bargello St	
2.4 CITY-ST-ZIP	Englewood, Fl. 34224	
3.1 TITLE	Recording Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Fessenden, Virginia	
3.3 STREET ADDRESS	6786 Gasparella Pines Blvd - #49	
3.4 CITY-ST-ZIP	Englewood, Fl. 34224	
4.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Pfleger, Emma	
4.3 STREET ADDRESS	2154 Oyster Creek Dr.	
4.4 CITY-ST-ZIP	Englewood, Fl. 34224	
5.1 TITLE	2nd Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Schaeffer, Shirley	"D"
5.3 STREET ADDRESS	914 Pine Hollow Cir	
5.4 CITY-ST-ZIP	Englewood, Fl. 34223	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: Terri Powell QUOTE Terri Powell Feb. 8, 97 474-3520

CR2E037 (9/96)