
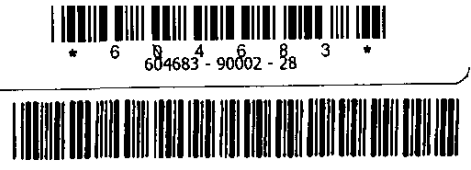


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Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90041 027 ****61.25
 07-20-1999 90032 013 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N36791 ✓		
1. Corporation Name LEMON BAY WOMAN'S CLUB, INC.		
Principal Place of Business % ROBERT A DICKINSON ESO 460 S INDIANA AVE ENGLEWOOD FL 34223	Mailing Address % ROBERT A DICKINSON ESO 460 S INDIANA AVE ENGLEWOOD FL 34223	



2. Principal Place of Business 21 <i>Corner Coconut + Maple St</i>	2a. Mailing Address 26 <i>P.O. Box 512</i>	3. Date Incorporated or Qualified 02/26/1990
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 59-6154011
22	27	Applied For <input type="checkbox"/> Not Applicable
23 City & State <i>Englewood, FL</i>	28 City & State <i>Englewood, FL</i>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip <i>34295</i> 25 Country <i>U.S.A.</i>	29 Zip <i>34224</i> 30 Country <i>U.S.A.</i>	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	
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 817.0502 and 817.1508, 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 817.0503, Florida Statutes.

SIGNATURE _____ DATE _____
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 checked="" type="checkbox"/> DELETE	1.1 TITLE	<i>President</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWELL, TERRI	1.2 NAME	<i>Pfeiffer, Doris</i>
STREET ADDRESS	1849 WHISPERING PINES CL	1.3 STREET ADDRESS	<i>7281 Borgello St</i>
CITY-ST-ZIP	ENGLEWOOD FL	1.4 CITY-ST-ZIP	<i>Englewood, FL 34224</i>
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<i>Braun, Marjorie</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PFEIFFER, DORIS	2.2 NAME	<i>1000 Dum Lane</i> <i>1st Vice Pres</i>
STREET ADDRESS	7281 BORGELLO ST	2.3 STREET ADDRESS	<i>Englewood, FL 34224</i>
CITY-ST-ZIP	ENGLEWOOD FL	2.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<i>S. Slink, Dwan</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FESSENDEN, VIRGINIA	3.2 NAME	<i>901 Chapin Blvd</i> <i>Recording Socy</i>
STREET ADDRESS	6786 GASPARELLA PINES BLVD. STE 49	3.3 STREET ADDRESS	<i>Englewood, FL 34222</i>
CITY-ST-ZIP	ENGLEWOOD FL	3.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<i>T Gillespie, Marian</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PFLEEGER, EMMA	4.2 NAME	<i>7306 Spinnaker Blvd.</i> <i>Treasurer</i>
STREET ADDRESS	2154 OYSTER CREEK DRIVE	4.3 STREET ADDRESS	<i>Englewood, FL 34224</i>
CITY-ST-ZIP	ENGLEWOOD FL	4.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<i>VP Doady, Kathleen</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNEFFER, SHIRLEY	5.2 NAME	<i>100 N. Broadway</i> <i>2nd Vice Pres</i>
STREET ADDRESS	314 PINE HOLLOW CIRCLE	5.3 STREET ADDRESS	<i>Englewood, FL 34222</i>
CITY-ST-ZIP	ENGLEWOOD FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<i>Gladys Housley</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<i>1939 Georgia Ave</i> <i>Financial Secy</i>
STREET ADDRESS		6.3 STREET ADDRESS	<i>Englewood, FL 34224</i>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 817, 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: *Marian S. Gillespie* **7-15-99** **941-475-8176**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
MARIAN S. GILLESPIE

CR2E037 (5/99)