


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N39806 (7) 1. Corporation Name MIAMI SPRINGS JUNIOR WOMEN'S CLUB, INC.					
Principal Place of Business 200 WESTWARD DR MIAMI SPRINGS FL 33266			Mailing Address P.O. BOX 661352 MIAMI FL 33266		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/06/1990	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2506874	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent JANA R. MCCARTHY 140 NAVAJO ST MIAMI SPRINGS FL 33166			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			FL		
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 <i>Jana R. McCarthy</i> <i>Jana R. McCarthy</i> 1/20/98 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 PD <input checked="" type="checkbox"/> DELETE			1.1 TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME MCCARTHYORTH, JANA			1.2 NAME Kosi, Joanne		
STREET ADDRESS 140 NAVAJO ST			1.3 STREET ADDRESS 192 Pinecrest Dr.		
CITY-ST-ZIP MIAMI SPRINGS FL 33166			1.4 CITY-ST-ZIP Miami Springs FL 33166		
TITLE VD <input checked="" type="checkbox"/> DELETE			2.1 TITLE SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME DAVIS, CAROL ANNE			2.2 NAME Moot, Laurie		
STREET ADDRESS 23840 S.W. 142 AVE			2.3 STREET ADDRESS 1114 Heath AC		
CITY-ST-ZIP PRINCETON FL			2.4 CITY-ST-ZIP Miami Springs FL 33166		
TITLE VD <input type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME ALFONSO, TONI M			3.2 NAME		
STREET ADDRESS 1168 PARTRIDGE AVE			3.3 STREET ADDRESS		
CITY-ST-ZIP MIAMI SPRINGS FL 33166			3.4 CITY-ST-ZIP		
TITLE TD <input type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME TILMAN, ELIZABETH H			4.2 NAME		
STREET ADDRESS 1251 PLOVER AVE			4.3 STREET ADDRESS		
CITY-ST-ZIP MIAMI SPRINGS FL			4.4 CITY-ST-ZIP		
TITLE SD <input type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME LATCH, HOLLY			5.2 NAME		
STREET ADDRESS 1020 REDBIRD AVE			5.3 STREET ADDRESS		
CITY-ST-ZIP MIAMI SPRINGS FL 33166			5.4 CITY-ST-ZIP		
TITLE SD <input checked="" type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME KOSKI, JOANN			6.2 NAME		
STREET ADDRESS 192 PINECREST DR			6.3 STREET ADDRESS		
CITY-ST-ZIP MIAMI SPRINGS FL 33166			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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jana R. McCarthy
REQUIRED

1/20/98

3525-037

CR2E037 (10/97)