

FILE NOW: FILING FEE IS \$61.25

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Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90015 030 ****61.25

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N93000000102

1. Corporation Name

MIAMI SPRINGS WOMAN'S CLUB, INC.

Principal Place of Business

Mailing Address

200 WESTWARD DR.
 MIAMI SPRINGS FL 33166
 US

P.O. BOX 396
 MIAMI SPRINGS FL 33266
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		01/04/1993	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		23-7326302	
24 Country		29 Country		30	
25		29		30	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/>	
MCCARTHY, JANA				8.75 Additional Fee Required	
140 NAVAJO ST				6. Election Campaign Financing <input type="checkbox"/>	
MIAMI SPRINGS FL 33166				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			
MCCARTHY, JANA				81 Name			
140 NAVAJO ST				82 Street Address (P.O. Box Number is Not Acceptable)			
MIAMI SPRINGS FL 33166				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: _____ (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	PJ <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROCKMAN, MARJORIE	1.2 NAME	RUTH COLLARD
STREET ADDRESS	1328 WESTWARD DRIVE	1.3 STREET ADDRESS	6260 N 39TH TERRACE
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	1.4 CITY-ST-ZIP	VIRGINIA GARDENS FL 33166
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEWIS, MARIE	2.2 NAME	URSULA WAGERER
STREET ADDRESS	440 MORNINGSIDE	2.3 STREET ADDRESS	730 NIGHTINGALE AVE
CITY-ST-ZIP	MIAMI SPRINGS FL	2.4 CITY-ST-ZIP	MIAMI SPRINGS FL 33166
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLLARD, RUTH	3.2 NAME	LOIS FLOYD
STREET ADDRESS	6260 NW 39TH TERRACE	3.3 STREET ADDRESS	1095 DOVE AVE
CITY-ST-ZIP	VIRGINIA GARDENS FL	3.4 CITY-ST-ZIP	MIAMI SPRINGS FL 33166
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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 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: *Ruth Collard* SIGNATURE REQUIRED: *Ruth Collard* 4/13/99 871-1887
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)