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Feb 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000003906 (4)
 1. Corporation Name
GFWC SEBASTIAN WOMAN'S CLUB, INC.



Principal Place of Business 852 US HIGHWAY 1 SEBASTIAN FL 32958	Mailing Address PO BOX 780402 SEBASTIAN FL 32978-0402 US
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3. Date Incorporated or Qualified 08/08/1994	3a. Date of Last Report 03/05/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29
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4. FEI Number 65-0516393	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**DERRICK, EILEEN E
 825 BARKER STREET
 SEBASTIAN FL 32978**

10. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DERRICK, EILEEN E	1.2 NAME	Delores Henderson
STREET ADDRESS	952 US HIGHWAY 1	1.3 STREET ADDRESS	702 Lake Dr.
CITY-ST-ZIP	SEBASTIAN FL 32958	1.4 CITY-ST-ZIP	Sebastian, FL 32958
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	1st. Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HULSE, THEODORA K	2.2 NAME	De Richtarcik
STREET ADDRESS	402 COPLY TERRACE	2.3 STREET ADDRESS	779 Dempsey Ave.
CITY-ST-ZIP	SEBASTIAN FL 32958	2.4 CITY-ST-ZIP	Sebastian, FL 32958
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	2nd. Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RINES, KATHERIN L	3.2 NAME	Katie Willms
STREET ADDRESS	1580 JENSON TERRACE SE	3.3 STREET ADDRESS	472 Fleming St.
CITY-ST-ZIP	SEBASTIAN FL 32958	3.4 CITY-ST-ZIP	Sebastian, FL 32958
TITLE	VD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Recording Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDERSON, DELORES	4.2 NAME	Alice Russell
STREET ADDRESS	702 LAKE DRIVE	4.3 STREET ADDRESS	406 Perch Lane
CITY-ST-ZIP	SEBASTIAN FL	4.4 CITY-ST-ZIP	Sebastian, FL 32958
TITLE	SD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Corresponding Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'CONNOR, ELIZABETH	5.2 NAME	Elise DeLoach
STREET ADDRESS	491 THOMAS STREET	5.3 STREET ADDRESS	9880 Honeysuckle Dr.
CITY-ST-ZIP	SEBASTIAN FL	5.4 CITY-ST-ZIP	Micoe, FL 32976
TITLE	TD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHOFIELD, HELGA	6.2 NAME	Patricia Zukowski
STREET ADDRESS	734 ROSE AVE	6.3 STREET ADDRESS	1381 Haverford Lane
CITY-ST-ZIP	SEBASTIAN FL	6.4 CITY-ST-ZIP	Sebastian, FL 32958

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(3)(b), 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: *Delores Henderson* **1-10-97**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Daytime Phone # 0021068

CRZE037 (9/96)