SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # N95000001081 (7)

WOMEN REACHOUT CLUB, INC.

Dringlad Place of Business Mailing Address							[################################		
Principal Place of Business Mailing Address									
174 SOUTHWEST SRD STREET DEERFIELD BEACH FL 33441				174 SOUTHWEST 3RD STREET DEERFIELD BEACH FL 33441					3. Date Incorporated or Qualified 03/06/1995 4. FEI Number Applied For
									65-0737621 Not Applicable
2. Principal Place of Business 21				2a. Mailing Address 26					5. Certificate of Status Desired \$8.75 Additional Fee Required
Suite, Apt. #, etc.				Suite, Apt. #, etc.					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
22 City & Stat	te	12/	27   City & State					Trust Fund Contribution Added to Fees  7. is this nonprofit corporation a homeowners association?	
23			28	<del>  </del>			_		Yes 3 No
Zíp		Country	口	Zip	<b>—</b>	Country	7		8. This corporation owes or has paid the current year intangible
24	4 Nem	25 and Address of Current			30	<u>0]</u>			Personal Property Tax due June 30. Yes V No 10, Name and Address of New Registered Agent
	9. Name and Address of Current Registered Agent							Name	10, Italiin aliu muurasa vi iran togiamisa ragsiit
CUX EUB	ne M					B1 B2	L		July 100 Day Number le Net Accordable)
COX, EDRIS M 174 Southwest 3rd Street								Street At	Address (P.O. Box Number is Not Acceptable)
	DEERFIELD BEACH FL 33441					83	1		
						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.									
12.	Significate, typeo	or printed name of registered agent OFFICERS ANI				13.	<b>O</b> er	V( #iBusine i	required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	OFFICERS AIN	2 Dive	Z DELETE		1.1 TITLE	_	D	
NAME	_	LER, REGIS		X1 necese		1.2 NAME			Huggins, Jackie C.
STREET ADDRESS	L	4TH STREET				1.3 STREET			330 NW 4th Place
CITY-ST-ZIP		D BEACH FL 33441				1.4 CITY-S			Deerfield Beach, Fla. 33441
TITLE	D	<u> </u>		DELETE		2.1 TITLE	_	Г	D Change X Addition
NAME	-	RRIS, BRENDA		*		2.2 NAME		м	Mary Joyce Morris
STREET ADDRESS	1				:	2.3 STREET	TAI		49 South Dixie Hwy
CITY-ST-ZIP DEERFIELD BEACH FL 33441						2.4 CITY-S	T-Z		Deerfield Beach, Fla. 33441
TITLE	D			X DELETE	- 1	3.1 TITLE		D	D Change X Addition
NAME	DOWDELL	L, GRACE		_	:	3.2 NAME		E	Hazel L. Graves
STREET ADDRESS	300 N.E.	24TH CT.			:	3.3 STREET	TAI	DDRESS 5	531 N. E. <b>39</b> th St.
CITY-ST-ZIP	<b>BOCA RA</b>	TON FL 33432				3.4 CITY-S	_	<sup>ZIP</sup> F	Pompano Beach, Fla. 33064
TITLE				DELETE		4.1 TITLE			Change Addition
NAME	İ					4.2 AME		1	
STREET ADDRESS						4.3 REET			
CITY-ST-ZIP	ļ			——————————————————————————————————————		4.4 TYS		<u>((P</u>	
TITLE				DELETE				1	Change Addition
NAME STREET ADDRESS						5.2 AME 5.3 TREET		INDRESS	
CITY-ST-ZIP						5.4 CITY-S			
TITLE	<del></del>			DELETE	_	6.1 TITLE			Change Addition
NAME						6.2 NAME			<u></u>
STREET ADDRESS						6.3 STREET		DDRESS	
CITY-ST-ZIP						6.4 CITY-S	ST-Z	ZIP	
14. I hereby o	ertify that the	a information supplied with	this fill	ing does not qualify for	the ex	xemption	n e	stated in s	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:

Edris M. Cox

954-427-5147

**FILED** 

Sep 03 1998 8:00am<sup>3</sup>

Secretary of State