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Feb 13 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000002450 (2)

1. Corporation Name

PATRICK OFFICERS' WIVES' CLUB, INC.

Principal Place of Business

Mailing Address

%THRIFT SHOP  
640 MACE RD BLDG 990  
PAFB FL 32925%THRIFT SHOP  
640 MACE RD BLDG 990  
PAFB FL 32925-36143. Date Incorporated or Qualified  
05/08/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GAGEN, KATHY  
640 MACE RD  
BLDG 990  
PAFB FL 32925

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

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
DP	BUCKLEY, M. VICKI	8620 S TROPICAL TRAIL	MERRITT ISLAND FL 32952	<input checked="" type="checkbox"/>
D	THOMPSON, MELINDA	100S POINCIANA DR	SATELLITE BEACH FL 32937	<input checked="" type="checkbox"/>
D	ADANG, JOLYN	30 AZALEA AV	SATELLITE BEACH FL 32937	<input checked="" type="checkbox"/>
DRS	BRUDNAK, KATHLEEN	4842 VERONA CIR	MELBOURNE FL 32940	<input checked="" type="checkbox"/>
D	SZABO, DONNA	2200 BENT PINE ST	MELBOURNE FL 32935	<input type="checkbox"/>
DT	GADDIS, DILINA	10B E POINCIANA DR	SATELLITE BEACH FL 32937	<input checked="" type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
DP	ADANG, JOLYN	30 AZALEA AVE.	SATELLITE BEACH, FL 32937	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DV	STAATS, DAWN	1015 BOTANY LANE	ROCKLEDGE, FL 32937	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DV	DAVIS, BETH	308 EAST OAK DRIVE	SATELLITE BEACH, FL 32937	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DRS	CURTIS, SUE	5100 ALAMANDA DRIVE	MELBOURNE, FL 32940	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DT	HUNT, VALERIE	1608 N. OAK DRIVE	SATELLITE BEACH, FL 32937	<input type="checkbox"/>	<input checked="" type="checkbox"/>

14. I do 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: Valerie Hunt REQUADERIE HUNT

2/9/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # 0021105

CR2E037 (9/96)