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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

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640 MACE RD BLDG 990
PAFB FL 32925

3. Date Incorporated or Qualified

05/08/1996

4. FEI Number

59-3365479

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	ADANG, JOLYN	
STREET ADDRESS	30 AZALEA AVE.	
CITY-ST-ZIP	SATELLITE BCH FL	

TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	STAATS, DAWN	
STREET ADDRESS	1015 BOTANY LANE	
CITY-ST-ZIP	ROCKLEDGE FL	

TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	DAVIS, BETH	
STREET ADDRESS	308 EAST OAK DR.	
CITY-ST-ZIP	SATELLITE BEACH FL	

TITLE	DRS	<input checked="" type="checkbox"/> DELETE
NAME	CURTIS, SUE	
STREET ADDRESS	5100 ALAMANDA DR.	
CITY-ST-ZIP	MELBOURNE FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SZABO, DONNA	
STREET ADDRESS	2200 BENT PINE ST	
CITY-ST-ZIP	MELBOURNE FL 32935	

TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	HUNT, VALERIE	
STREET ADDRESS	1608 N. OAK DR.	
CITY-ST-ZIP	SATELLITE BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Sharon Ward	
1.3 STREET ADDRESS	309 Carmel Dr	
1.4 CITY-ST-ZIP	Melbourne, FL 32940	

2.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	yvette Garber	
2.3 STREET ADDRESS	5 B N. Oak	
2.4 CITY-ST-ZIP	Satellite Beach, FL 32937	

3.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Gina Wood	
3.3 STREET ADDRESS	45 B Camellia Ave	
3.4 CITY-ST-ZIP	Satellite Beach, FL 32937	

4.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Lauren Huff	
4.3 STREET ADDRESS	1235 Golden Pond Lane	
4.4 CITY-ST-ZIP	Rockledge, FL 32955	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Kathy Gray	
6.3 STREET ADDRESS	250 N. Grove	
6.4 CITY-ST-ZIP	Merritt Island, FL 32953	

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:

Sharon Ward **SIGNATURE REQUIRED**

1/6/98

(407)255-7497

CR2E037 (10/97)