07271999-90009-050-$61.25-$61.25

FILED
Jul 27, 1999 8:00 am
Secretary of State
07-27-1999 90009 050 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

607106 - 90001 - 39

DOCUMENT # N96000002450

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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
28 P.O. Box 254736
Suite, Apt. #, etc.
27 PATRICK AFB, FL
City & State
28 32937
Zip 29 Country 30 USA

3. Date Incorporated or Qualifed
05/08/1996

4. FEI Number
59-3365479
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

~~GAGEN, KATHY~~ BOBBI TRASK, PRESIDENT
640 MACE RD
BLDG 990
PAFB FL 32925

10. Name and Address of New Registered Agent

81 Name BOBBI TRASK
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 Bobbi Trask - PRESIDENT 8/10/99
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	DP	☐ DELETE	1.1 TITLE	DP ☒ Change ☐ Addition
NAME	SHARON WARD		1.2 NAME	BOBBI TRASK
STREET ADDRESS	309 CARMEL DR		1.3 STREET ADDRESS	904 HAMLIN AVE
CITY-ST-ZIP	MELBOURNE FL 32940		1.4 CITY-ST-ZIP	SATELLITE BEACH, FL 32937
TITLE	DV	☐ DELETE	2.1 TITLE	DV ☒ Change ☐ Addition
NAME	YVETTE GARBER		2.2 NAME	Judy CAPPS
STREET ADDRESS	S B N OAK		2.3 STREET ADDRESS	675 CARIBBEAN RD
CITY-ST-ZIP	SATELLITE BCH FL 32937		2.4 CITY-ST-ZIP	SATELLITE BEACH, FL 32937
TITLE	DV	☐ DELETE	3.1 TITLE	DV ☒ Change ☐ Addition
NAME	GINA WOOD		3.2 NAME	AUDREY POLOZYNSKI
STREET ADDRESS	95 B CAMELLIA AVE		3.3 STREET ADDRESS	11 INDIO BLVD
CITY-ST-ZIP	SATELLITE BEACH FL 32937		3.4 CITY-ST-ZIP	INDIAN HARBOUR BEACH, FL 32937
TITLE	DS	☐ DELETE	4.1 TITLE	DS ☒ Change ☐ Addition
NAME	LAUREN HUFF		4.2 NAME	KIM KORDELL
STREET ADDRESS	1235 GOLDEN POND LN		4.3 STREET ADDRESS	4770 SEMINOLE TRAIL
CITY-ST-ZIP	ROCKLEDGE FL 32955		4.4 CITY-ST-ZIP	MERRITT ISLAND, FL 32953
TITLE	D	☐ DELETE	5.1 TITLE	DT ☒ Change ☐ Addition
NAME	SZABO, DONNA		5.2 NAME	DEAN PITTMAN
STREET ADDRESS	2200 BENT PINE ST		5.3 STREET ADDRESS	438 HAWTHORNE COURT
CITY-ST-ZIP	MELBOURNE FL 32935		5.4 CITY-ST-ZIP	INDIAN HARBOUR BEACH, FL 32937
TITLE	DT	☐ DELETE	6.1 TITLE	DT ☒ Change ☐ Addition
NAME	KATHY GRAY		6.2 NAME	DIANE BEATTY
STREET ADDRESS	250 N GROVE		6.3 STREET ADDRESS	25 AZALEA AVENUE
CITY-ST-ZIP	MERRITT ISLAND FL 32953		6.4 CITY-ST-ZIP	SATELLITE BEACH, FL 32937

CR2E037 (5/99)

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: ~~DEAN G PATTMAN~~ Dean Pittman, Pres 7/19/99 407-777-3044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #