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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N98000007279

1. Corporation Name
JUPITER-TEQUESTA-HOBE SOUND CHAPTER OF THE WOMEN'S COUNCIL OF REALTORS INC.

Principal Place of Business
 810 SATURN STREET #20
 JUPITER FL 33477

Mailing Address
 810 SATURN STREET #20
 JUPITER FL 33477



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Same as Above		26 Same as Above		12/28/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip			
24		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
STANFIELD, JEANNE 810 SATURN STREET #20 JUPITER FL 33477				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83 City			
				84 Zip Code			
				FL 85 33477			

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 JEANNE STANFIELD *Jeanne Stanfield* DATE 3/8/99

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STANFIELD, JEANNE		1.2 NAME		
STREET ADDRESS	155 JUPITER KEY ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL 33477		1.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LACORTE, MIDGE		2.2 NAME		
STREET ADDRESS	1014 RIVERWOOD LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL 33458		2.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RANAZZO, JOSEPHINE C		3.2 NAME		
STREET ADDRESS	6641 W. INDIANTOWN ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL 33458		3.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RATHKE, CAROLA		4.2 NAME		
STREET ADDRESS	POST OFFICE BOX 86		4.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL 33468		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CLARK, BONNIE		5.2 NAME		
STREET ADDRESS	POST OFFICE BOX 2867		5.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL 33468		5.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARTIN, CANDY		6.2 NAME		
STREET ADDRESS	133 EGRET DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL 33458		6.4 CITY-ST-ZIP		

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: JEANNE STANFIELD *Jeanne Stanfield* DATE 3/8/99 DAYTIME PHONE # 561-744-4303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)