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Jun 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N27205 (6)
1. Corporation Name
THE LADIES ART AND SOCIAL CLUB INC.



Principal Place of Business C/O ROSALYN B. GREENE 704 GAMBLE STREET TALLAHASSEE FL 32310 US	Mailing Address C/O ROSALYN B. GREENE 704 GAMBLE STREET TALLAHASSEE FL 32310-4826 US
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3. Date Incorporated or Qualified 06/29/1988	3a. Date of Last Report 04/17/1996
4. FEI Number 59-2919655	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent
**WRIGHT, ELOISE F.
316 BARBOURVILLE DRIVE
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
B1 Name **Rosalyn B. GREENE**
B2 Street Address (P.O. Box Number is Not Acceptable) **704 GAMBLE ST.**
B3
B4 City **Tallahassee** FL B5 Zip Code **32310**

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 *Rosalyn B. Greene* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PE	<input checked="" type="checkbox"/>
NAME	WRIGHT, ELOISE F.	
STREET ADDRESS	316 BARBOURVILLE DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	DP	<input type="checkbox"/>
NAME	ANDERSON, DORA H.	
STREET ADDRESS	222 OSCEOLA STREET	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	DS	<input type="checkbox"/>
NAME	EATON, LEATHEA	
STREET ADDRESS	2553 LONNBLADH ROAD	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	T	<input type="checkbox"/>
NAME	ROSALYN B. GREENE	
STREET ADDRESS	704 GAMBLE STREET	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	DV	<input type="checkbox"/>
NAME	BURNETTE, ADA P	
STREET ADDRESS	3235 SHAMROCK EAST	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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.

CR2E037 (9/96)

Rosalyn B. Greene *Eloise Wright* *590-3001*