FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR 10 PM 7:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 707191 (3)

1. Corporation Name
GFWC TEMPLE TERRACE JUNIOR WOMAN'S CLUB, INC.

Principal Place of Business	Mailing Address
415 WOODMONT AVE. P.O. BOX 16206 TEMPLE TERRACE FL 33687	415 WOODMONT AVE. P.O. BOX 16206 TEMPLE TERRACE FL 33687

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/23/1964
3a. Date of Last Report: 02/15/1994
4. FEI Number: 59-1055074 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

WHALEN, LISA
6609 WHITEWAY
TEMPLE TERRACE FL 33617

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
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	PD	1.1 TITLE	PD	☐ Change ☐ Addition
NAME	CASANOVA, MAITE	1.2 NAME	CASANOVA, MAITE	
STREET ADDRESS	11012 SAGINAW DR	1.3 STREET ADDRESS	11012SAGINAW DRIVE	
CITY-ST-ZIP	TEMPLE TERRACE FL	1.4 CITY-ST-ZIP	TEMPLE TERRACE, FL 33617	
TITLE	VD	2.1 TITLE	VD	X ☒ Change ☐ Addition
NAME	WHALEN, LISA	2.2 NAME	BAKER, DEBBIE	
STREET ADDRESS	6609 WHITEWAY	2.3 STREET ADDRESS	7809 EAST 113th AVENUE	
CITY-ST-ZIP	TEMPLE TERRACE FL	2.4 CITY-ST-ZIP	TEMPLE TERRACE, FL 33617	
TITLE	PD	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	CASANOVA, MAITE	3.2 NAME	TADLOCK, LINDA	
STREET ADDRESS	11012 SAGINAW DR.	3.3 STREET ADDRESS	7804 WHITTIER STREET	
CITY-ST-ZIP	TEMPLE TERRACE FL	3.4 CITY-ST-ZIP	TAMPA, FL 33617	
TITLE	TD	4.1 TITLE	SD	X ☒ Change ☐ Addition
NAME	TADLOCK, LINDA	4.2 NAME	MOXLEY, PAT	
STREET ADDRESS	7804 WHITTIER ST	4.3 STREET ADDRESS	11501 E. QUEENSWAY DRIVE	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	TEMPLE TERRACE, FL 33617	
TITLE	SD	5.1 TITLE		X ☒ Change ☐ Addition
NAME	STROMQUIST, DONNA	5.2 NAME		
STREET ADDRESS	13307 GOVERNORS, APT. C	5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33618	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: MAITE CASANOVA Maite Casanova 2/28/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #