

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 707191 (3)
1. Corporation Name
GFWC TEMPLE TERRACE JUNIOR WOMAN'S CLUB, INC.



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

Mailing Address
**415 WOODMONT AVE.
P.O. BOX 16206
TEMPLE TERRACE FL 33687**

3. Date Incorporated or Qualified
04/23/1964

3a. Date of Last Report
03/10/1995

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**

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

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

9. Name and Address of Current Registered Agent

**WHALEN, LISA
6609 WHITEWAY
TEMPLE TERRACE FL 33617**

10. Name and Address of New Registered Agent

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 of application

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
CASANOVA, MAITE
11012 SAGINAW DR
TEMPLE TERRACE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
BAKER, DEBBIE
7809 E. 113TH AVE.
TEMPLE TERRACE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TD
TADLOCK, LINDA
7804 WHITTIER STREET
TAMPA FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
MOXLEY, AT
11501 E. QUEENSWAY DRIVE
TEMPLE TERRACE FL

TITLE ☒ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
STROMQUIST, DONNA
13307 GOVERNORS, APT. C
TAMPA FL 33618

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

PD
Deborah Baker
7809 E 113th Ave
Temple Terrace, FL 33617

21 TITLE ☒ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

VD
Rose Marie Craig
612 Downs Ave
Temple Terrace, FL 33617

31 TITLE ☒ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TD
MaryCarol M. Holzmann
802 Lamont Place
Temple Terrace, FL 33617

41 TITLE ☒ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

SD
DeannaOberbroeckling
639 Gillette Ave
Temple Terrace, FL 33617

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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)(k), 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: *MaryCarol M Holzmann* **3/13/96** **(813) 980-6289**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)