SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

FILED
Aug 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

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: 03/18/1996

	2. Principal Place of Business	2a. Mailing Address
21/26	415 Woodmont Ave.	415 Woodmont Ave.
22/27 Suite, Apt. #, etc.	P.O. Box 16206	P.O. Box 16206
23/28 City & State	Temple Terrace, FL	Temple Terrace, FL
24/29 Zip	33687	33687
25/30 Country	USA	USA

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WHALEN, LISA 6609 WHITEWAY TEMPLE TERRACE FL 33617	81 Name: Chronister, Trish 82 Street Address (P.O. Box Number is Not Acceptable): 509 Carriage Hills Dr 83 84 City: Temple Terrace FL 85 Zip Code: 33617

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: Trish Chronister — 8/1/97
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	PD	☑ DELETE	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	CASANOVA, MAITE		1.2 NAME	Knapp, Cheri	
STREET ADDRESS	11012 SAGINAW DR		1.3 STREET ADDRESS	513 montrose Ave.	
CITY-ST-ZIP	TEMPLE TERRACE FL		1.4 CITY-ST-ZIP	Temple Terrace, FL 33617	
TITLE	PD	☐ DELETE	2.1 TITLE	VD	☑ Change ☐ Addition
NAME	BAKER, DEBBIE		2.2 NAME	Holzmann, Mary Carol	
STREET ADDRESS	7809 E. 113TH AVE.		2.3 STREET ADDRESS	802 Lamont Place	
CITY-ST-ZIP	TEMPLE TERRACE FL		2.4 CITY-ST-ZIP	Temple Terrace, FL 33617	
TITLE	TD	☐ DELETE	3.1 TITLE	TD	☑ Change ☐ Addition
NAME	TADLOCK, LINDA		3.2 NAME	Chronister, Trish	
STREET ADDRESS	7804 WHITTIER STREET		3.3 STREET ADDRESS	509 Carriage Hills Dr.	
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	Temple Terrace, FL 33617	
TITLE	SD	☐ DELETE	4.1 TITLE	VD	☑ Change ☐ Addition
NAME	MOXLEY, AT		4.2 NAME	Deats, Margaret	
STREET ADDRESS	11501 E. QUEENSWAY DRIVE		4.3 STREET ADDRESS	28705 Creekwood Drive	
CITY-ST-ZIP	TEMPLE TERRACE FL		4.4 CITY-ST-ZIP	Wesley Chapel, FL 33544	
TITLE	SD	☐ DELETE	5.1 TITLE	SD	☑ Change ☐ Addition
NAME	STROMQUIST, DONNA		5.2 NAME	Hughes, Donna	
STREET ADDRESS	13307 GOVERNORS, APT. C		5.3 STREET ADDRESS	6004 Vanderbaker Road	
CITY-ST-ZIP	TAMPA FL 33618		5.4 CITY-ST-ZIP	Temple Terrace, FL 33617	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (4/97)

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.

SIGNATURE: SIGNATURE REQUIRED — 8/1/97 — 813-238-4738