FILE NOW: FILING FEE IS $61.25

FILED
May 10, 1999 8:00 am
Secretary of State
05-10-1999 90093 005 ****61.25

0052071

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 707191

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 US	415 WOODMONT AVE PO BOX 16206 TEMPLE TERRACE FL 33687 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 04/23/1964
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1055074 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

LAUTERIA, TINA
6617 WHITEWAY DR
TEMPLE TERRACE FL 33617

10. Name and Address of New Registered Agent

81 Name: Julie D. Fitzpatrick
82 Street Address (P.O. Box Number is Not Acceptable): 10207 N. Hyalcah Rd.
83
84 City: Tampa 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: Julie Fitzpatrick — 2.28.99
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		☐ Change ☐ Addition
NAME	LIEB, KRISTIN		1.2 NAME		
STREET ADDRESS	28830 MIDNIGHT STAR LOOP		1.3 STREET ADDRESS		
CITY-ST-ZIP	WESLEY CHAPEL FL 33543		1.4 CITY-ST-ZIP		
TITLE	VD	☑ DELETE	2.1 TITLE	SD	☐ Change ☑ Addition
NAME	ALBERT, JENNIFER		2.2 NAME	Leslie Endris	
STREET ADDRESS	413 ST AUGUSITNE AVE		2.3 STREET ADDRESS	6713 Whiteway Dr.	
CITY-ST-ZIP	TEMPLE TERRACE FL 33617		2.4 CITY-ST-ZIP	Temple Terrace, FL 33617	
TITLE	TD	☐ DELETE	3.1 TITLE	PD	☑ Change ☐ Addition
NAME	LAUTERIA, TINA		3.2 NAME		
STREET ADDRESS	6617 WHITEWAY DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	TEMPLE TERRACE FL 33617		3.4. CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE	PD	☑ Change ☐ Addition
NAME	BATT, LISA		4. 2 NAME	USA MONTELIONE	
STREET ADDRESS	207 FOREST PARK AVE		4.3 STREET ADDRESS	9814 N. Pawnee Ave.	
CITY-ST-ZIP	TEMPLE TERRACE FL 33617		4.4 CITY-ST-ZIP	Tampa, FL 33617	
TITLE	SD	☑ DELETE	5.1 TITLE	VD	☐ Change ☑ Addition
NAME	OBERBROECKLING, DEANNA		5.2 NAME	Ana Sanchez	
STREET ADDRESS	639 GILLETTE AVE		5.3 STREET ADDRESS	305 Forest Park	
CITY-ST-ZIP	TEMPLE TERRACE FL 33617		5.4 CITY-ST-ZIP	Temple Terrace, FL 33617	
TITLE		☐ DELETE	6.1 TITLE	TD	☐ Change ☑ Addition
NAME			6.2 NAME	Julie D. Fitzpatrick	
STREET ADDRESS			6.3 STREET ADDRESS	10207 N. Hyalcah Rd.	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Tampa, FL 33617	

CR2E037 (11/98)

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: Julie Fitzpatrick **REQUIRED** — 2.28.99 — 813.386.3473
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #