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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 711442 (4)
1. Corporation Name
GFWC CHARLOTTE COUNTY JUNIORS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
P.O. BOX 2842 P.O. BOX 2842
PORT CHARLOTTE FL 33949-2842 PORT CHARLOTTE FL 33949-2842

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

3. Date Incorporated or Qualified	3a. Date of Last Report
09/06/1966	03/29/1994
4. FEI Number	Applied For
71-4421806	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	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
GARRISONB, ALICE
2261 BREMEN CT
PORT CHARLOTTE FL 33952

10. Name and Address of New Registered Agent
81 Name **Sandra Thornburgh**
82 Street Address (P.O. Box Number is Not Acceptable) **1307 Onyx Street**
83
84 City **Port Charlotte** FL 85 Zip Code **33980**

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 Sandra Thornburgh, President *Sandra Thornburgh* March 2, 1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)

12. OFFICERS AND DIRECTORS

TITLE	RSD
NAME	DOYAL, LORI
STREET ADDRESS	1097 SHEEHAN BLVD.
CITY - ST - ZIP	PORT CHARLOTTE FL
TITLE	VD
NAME	GASGARTH, KAY
STREET ADDRESS	132 SE SINCLAIR ST
CITY - ST - ZIP	PORT CHARLOTTE FL
TITLE	CSD
NAME	MALVANO, CHRISTINE
STREET ADDRESS	1017 COMSTOCK ST
CITY - ST - ZIP	PORT CHARLOTTE FL
TITLE	PD
NAME	INGERBRETSSEN, KATHY
STREET ADDRESS	18454 ALPHONSE CIRCLE
CITY - ST - ZIP	PORT CHARLOTTE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Sandra Thornburgh	
1.3 STREET ADDRESS	1307 Onyx Street	
1.4 CITY - ST - ZIP	Port Charlotte, FL 33980	
2.1 TITLE	Second Vice President D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Shari McCastlain	
2.3 STREET ADDRESS	3239 Lakeview Street	
2.4 CITY - ST - ZIP	Port Charlotte, FL 33948	
3.1 TITLE	Recording Secretary D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Denise Moraris	
3.3 STREET ADDRESS	806 Ellicott Circle	
3.4 CITY - ST - ZIP	Port Charlotte, FL 33952	
4.1 TITLE	Treasurer D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Kathy Ingerbretsen	
4.3 STREET ADDRESS	18454 Alphonse Circle	
4.4 CITY - ST - ZIP	Port Charlotte, FL 33948	
5.1 TITLE	Corresponding Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Kay Gasgarth	
5.3 STREET ADDRESS	132 S.E. Sinclair Street	
5.4 CITY - ST - ZIP	Port Charlotte, FL 33952	
6.1 TITLE	IV D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Mary Marryott	
6.3 STREET ADDRESS	4291 Rock Creek Circle	
6.4 CITY - ST - ZIP	Port Charlotte, FL 33948	

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 110.07(3)(a), 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: Sandra Thornburgh *Sandra Thornburgh* March 2, 1995 813-627-1906
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type in 11 digits)