

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

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



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

3. Date Incorporated or Qualified: **09/06/1966**
3a. Date of Last Report: **05/01/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	71-4421806	Not Applicable
23. City & State	27. City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25. Country	29. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
30. Country			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
THORNBURGH, SANDRA 1307 ONYX ST PORT CHARLOTTE FL 33980		81. Name	MOODY, SHERAZE M.
		82. Street Address (P.O. Box Number is Not Acceptable)	1286 PRESQUE ISLE DRIVE
		83.	
		84. City	PORT CHARLOTTE
		85. State	FL
		86. Zip Code	33952

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: Sheraz M. Moody (Signature, typed or printed name of registered agent and title if applicable)
 Signature: Sheraz M. Moody (NOTE: Registered Agent signature required when reinstating)
 Date: June 15, 1996

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO THORNBURGH, SANDRA 1307 ONYX ST PORT CHARLOTTE FL 33980	1.1 TITLE	PH MOODY, SHERAZE 1286 PRESQUE ISLE DRIVE PORT CHARLOTTE, FL 33952
NAME	THORNBURGH, SANDRA	1.2 NAME	MOODY, SHERAZE
STREET ADDRESS	1307 ONYX ST	1.3 STREET ADDRESS	1286 PRESQUE ISLE DRIVE
CITY-ST-ZIP	PORT CHARLOTTE FL 33980	1.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	VPD MCCASTLAIN, SHARI 3239 LAKEVIEW ST PORT CHARLOTTE FL 33948	2.1 TITLE	VPD DENISE MORARIS 806 ELLICOTT CIRCLE PORT CHARLOTTE, FL 33952
NAME	MCCASTLAIN, SHARI	2.2 NAME	DENISE MORARIS
STREET ADDRESS	3239 LAKEVIEW ST	2.3 STREET ADDRESS	806 ELLICOTT CIRCLE
CITY-ST-ZIP	PORT CHARLOTTE FL 33948	2.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	SD MORARIS, DENISE 806 ELLICOTT CIRCLE PORT CHARLOTTE FL 33952	3.1 TITLE	SD THORNBURGH, SANDRA 1307 ONYX STREET PORT CHARLOTTE, FL 33980
NAME	MORARIS, DENISE	3.2 NAME	THORNBURGH, SANDRA
STREET ADDRESS	806 ELLICOTT CIRCLE	3.3 STREET ADDRESS	1307 ONYX STREET
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	3.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33980
TITLE	TD INGERBRETSEN, KATHY 18454 ALPHONSE CIRCLE PORT CHARLOTTE FL 33948	4.1 TITLE	
NAME	INGERBRETSEN, KATHY	4.2 NAME	
STREET ADDRESS	18454 ALPHONSE CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL 33948	4.4 CITY-ST-ZIP	
TITLE	VD MARRYOTT, MARY 4291 ROCK CREEK CIRCLE PORT CHARLOTTE FL 33948	5.1 TITLE	200001913382
NAME	MARRYOTT, MARY	5.2 NAME	-08/06/96--01018--008
STREET ADDRESS	4291 ROCK CREEK CIRCLE	5.3 STREET ADDRESS	***61.25
CITY-ST-ZIP	PORT CHARLOTTE FL 33948	5.4 CITY-ST-ZIP	
TITLE	CS GASGARTH, KAY 132 S.E. SINCLAIR STREET PORT CHARLOTTE FL 33952	6.1 TITLE	CS BUTWELL, BRENDA P.O. Box #5 N/A DUNTA GORDA, FL 33951
NAME	GASGARTH, KAY	6.2 NAME	BUTWELL, BRENDA
STREET ADDRESS	132 S.E. SINCLAIR STREET	6.3 STREET ADDRESS	P.O. Box #5 N/A
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	6.4 CITY-ST-ZIP	DUNTA GORDA, FL 33951

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. 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: Sheraz M. Moody, President Date: June 15, 1996 Daytime Phone #: 941-625-1992

CR2E037 (12/95)