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NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 723177 (2)

1. Corporation Name
GFWC-CLEARWATER COMMUNITY WOMAN'S CLUB, INC.



130.00 \$61.25

Principal Place of Business 1348 WHISPERING PINES DR CLEARWATER FL 34624 US	Mailing Address 1348 WHISPERING PINES DR P.O. BOX 6074 CLEARWATER FL 34624 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/14/1972	3a. Date of Last Report 04/06/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 23-7241338	Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
	Zip 29	Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**DENNARD, MERLE T
1545 OAK LANE
CLEARWATER FL 33546**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD HENDERSON, MARTHA 1348 WHISPERING PINES DR CLEARWATER, FL 00000	<input type="checkbox"/> DELETE
TITLE	SD HAMMOCK, MAZIE 1962 MAGNOLIA DR CLEARWATER, FL 00000	<input type="checkbox"/> DELETE
TITLE	V CASSELS, MARELLA 1924 NURSERY RD CLEARWATER, FL 00000	<input type="checkbox"/> DELETE
TITLE	VD BLACKWOOD, MARGUERITE 1518 MEADOW DALE DR CLEARWATER FL	<input type="checkbox"/> DELETE
TITLE	T TIMBERLAKE, RUTH 643 HARBOR ISLAND CLEARWATER FL	<input type="checkbox"/> DELETE
TITLE		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	VD PATRICIA FAICO
43 STREET ADDRESS	2359 GLENMOOR ROAD N.
44 CITY - ST - ZIP	CLEARWATER, FL. 34624
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	TREAS. SALLY SIMINO
53 STREET ADDRESS	1869 CASTLE WOODS DR.
54 CITY - ST - ZIP	CLEARWATER, FL. 34619
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Sally Simino Treas.* (813) 796-5659
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)