

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 09 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 723177 (2)**

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



Principal Place of Business <b>1348 WHISPERING PINES DR CLEARWATER FL 34624 US</b>	Mailing Address <b>1348 WHISPERING PINES DR P.O. BOX 6074 CLEARWATER FL 34624-2822 US</b>
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3. Date Incorporated or Qualified <b>04/14/1972</b>	3a. Date of Last Report <b>02/14/1996</b>
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21. Principal Place of Business <b>1518 MEADOW DALE DR</b>	2a. Mailing Address <b>P.O. Box 6074</b>
22. City & State <b>CLEARWATER FL</b>	27. City & State <b>CLEARWATER, FL</b>
23. Zip <b>34624-2575</b>	28. Zip <b>34618</b>
25. County <b>PINELLAS</b>	30. County <b>PINELLAS</b>

4. FEI Number <b>23-7241338</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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	<b>FL</b>
85 Zip Code	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HENDERSON, MARTHA	
STREET ADDRESS	1348 WHISPERING PINES DR	
CITY-ST-ZIP	CLEARWATER, FL 00000	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HAMMOCK, MAZIE	
STREET ADDRESS	1962 MAGNOLIA DR	
CITY-ST-ZIP	CLEARWATER, FL 00000	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	CASSELLS, MARELLA	
STREET ADDRESS	1924 NURSERY RD	
CITY-ST-ZIP	CLEARWATER, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BLACKWOOD, MARGUERITE	
STREET ADDRESS	1518 MEADOW DALE DR	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	TIMBERLAKE, RUTH	
STREET ADDRESS	643 HARBOR ISLAND	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FALCO, PATRICIA	
STREET ADDRESS	2359 GLENMOOR ROAD N.	
CITY-ST-ZIP	CLEARWATER FL 34624	

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	MARGUERITE BLACKWOOD	
1.3 STREET ADDRESS	1518 MEADOW DALE DRIVE	
1.4 CITY-ST-ZIP	CLEARWATER, FL 34624-2575	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MARIAN JUSTICE	
2.3 STREET ADDRESS	1912 CLEVELAND ST	
2.4 CITY-ST-ZIP	CLEARWATER, FL 34625-3009	
3.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TOBIASSEN, MARTHA	
3.3 STREET ADDRESS	2007 N. POINT ALEXIS DR	
3.4 CITY-ST-ZIP	TARON SPRINGS, FL 34689-2049	
4.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BLACKMON, MARY	
4.3 STREET ADDRESS	830 S. GULFVIEW II 104	
4.4 CITY-ST-ZIP	CLEARWATER, FL 34630	
5.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MARTHA DELANO	
5.3 STREET ADDRESS	521 HUMPHRIES RD	
5.4 CITY-ST-ZIP	SAFETY HARBOR, FL 34695	
6.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	CASSELLS MARELLA	
6.3 STREET ADDRESS	1924 NURSERY RD	
6.4 CITY-ST-ZIP	CLEARWATER, FL 34624-2500	

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.

CR2E037 (9/96)