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03-02-1999 90025 041 ****61.25

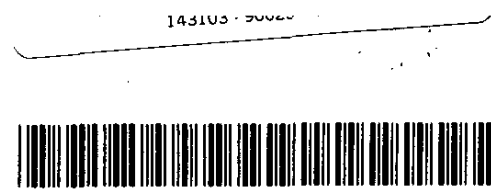
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 723177

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

Principal Place of Business 1518 MEADOW DALE DR CLEARWATER FL 34624-2575 US	Mailing Address PO BOX 6074 P.O. BOX 6074 CLEARWATER FL 34618 US
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2. Principal Place of Business 21 2460 PURSIAN DR Suite, Apt. #, etc. 22 #34 City & State 23 CLEARWATER FL Zip Country 24 33763 25 US	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 04/14/1972	4. FEI Number 23-7241338 Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent YATES, TRUDY J 3022 HIDDEN HILLS DR PALM HARBOR FL 34683	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
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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 *Trudy J. Yates* DATE Jan 26, 1999

Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE SD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JUSTICE, MARIAN		1.2 NAME JOHANSEN, FRANCES	
STREET ADDRESS 1912 CLEVELAND ST		1.3 STREET ADDRESS 52 PENZANCE CT.	
CITY-ST-ZIP CLEARWATER FL		1.4 CITY-ST-ZIP SAFETY HARBOR, FL 34695	
TITLE V	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TOBIASSEN, MARTHA		2.2 NAME JENSEN, GEORGIA	
STREET ADDRESS 2007 N POINT ALEXIS DR		2.3 STREET ADDRESS 1641 SANTA BARBARA DR	
CITY-ST-ZIP TARPON SPRGS FL		2.4 CITY-ST-ZIP DUNEDIX, FL. 34698	
TITLE VP	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HENNING, PATRICIA		3.2 NAME	
STREET ADDRESS 400 PONCE DE LEON BLVD		3.3 STREET ADDRESS	
CITY-ST-ZIP CLEARWATER, FL 00000 33756		3.4 CITY-ST-ZIP	
TITLE PD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BLACKWOOD, MARGUERITE		4.2 NAME CASSELS, MARELLA	
STREET ADDRESS 1518 MEADOW DALE DR		4.3 STREET ADDRESS 2460 PURSIAN DR # 34	
CITY-ST-ZIP CLEARWATER FL		4.4 CITY-ST-ZIP CLEARWATER, FL 33763	
TITLE VP	<input checked="" type="checkbox"/> DELETE	5.1 TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CASON, JEANETTE		5.2 NAME LEE, ELLIE	
STREET ADDRESS 1349 EASTFIELD DR		5.3 STREET ADDRESS 1863 OAKDALE LANE N.	
CITY-ST-ZIP CLEARWATER FL 33764		5.4 CITY-ST-ZIP CLEARWATER, FL. 33764	
TITLE T	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME YATES, TRUDY		6.2 NAME	
STREET ADDRESS 3022 HIDDEN HILLS DR		6.3 STREET ADDRESS	
CITY-ST-ZIP PALM HARBOR FL 34683		6.4 CITY-ST-ZIP	

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: *Trudy J. Yates* DATE Jan 26, 1999 DAYTIME PHONE # 727-781-4983

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/198)