

**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 # 733072 (3)**

1. Corporation Name

**GFWC WOMAN'S CLUB OF CLEARWATER, INC.**



Principal Place of Business	Mailing Address
C/O MARY M. WURMLE, TREASURER 2171 PINE RIDGE DRIVE CLEARWATER FL 34623	C/O MARY M. WURMLE, TREASURER 2171 PINE RIDGE DRIVE CLEARWATER FL 34623

3. Date Incorporated or Qualified <b>06/13/1975</b>	3a. Date of Last Report <b>02/08/1995</b>
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-1637435</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
21	26			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
City & State	City & State	23	28	
Zip	Country	24	29	30
24	25			

**9. Name and Address of Current Registered Agent**

**STOHRER, WILLIAM MRS.  
STRATFORD COURT  
45 KATHARINE BOULEVARD, #222  
PALM HARBOR FL 34684**

**10. Name and Address of New Registered Agent**

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<b>VOLLMER, LILLIAN</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		1.2 NAME <b>Rice, Rose</b>	
STREET ADDRESS		1.3 STREET ADDRESS <b>901 Palm Blvd.,</b>	
CITY-ST-ZIP		1.4 CITY-ST-ZIP <b>Dunedin, FL 34698</b>	
TITLE <b>VP</b>	<b>THEUNISSEN, MARGARET</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		2.2 NAME <b>Dinnsen, Jeanne</b>	
STREET ADDRESS		2.3 STREET ADDRESS <b>2263 Lake Arbor Blvd.,</b>	
CITY-ST-ZIP		2.4 CITY-ST-ZIP <b>Clearwater, FL 34623</b>	
TITLE <b>SD</b>	<b>EGGLESTON, MARGARET</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME <b>Kepler, Ethel</b>	
STREET ADDRESS		3.3 STREET ADDRESS <b>667 Harbor Island</b>	
CITY-ST-ZIP		3.4 CITY-ST-ZIP <b>Clearwater, FL 34630</b>	
TITLE <b>T</b>	<b>WURMLE, MARY</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE <b>VP</b>	<b>JOSEPHSON, ADELE</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE <b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME <b>Bergeron, Mary</b>	
STREET ADDRESS		5.3 STREET ADDRESS <b>1321 Edmonton Dr.,</b>	
CITY-ST-ZIP		5.4 CITY-ST-ZIP <b>Clearwater, FL 34616</b>	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: Mary M. Wurmle *Mary M. Wurmle* 3/11/96 (813) 734-7244  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)