

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: C/O MARY M. WURMLE, TREASURER, 2171 PINE RIDGE DRIVE, CLEARWATER FL 34623
Mailing Address: C/O MARY M. WURMLE, TREASURER, 2171 PINE RIDGE DRIVE, CLEARWATER FL 34623

3. Date Incorporated or Qualified: **06/13/1975**
3a. Date of Last Report: **02/08/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-1637435	<input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	28	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Zip	Country	29	30
24	25	29	30

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	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 officer 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	VOLLMER, LILLIAN	1.2 NAME	Rice, Rose
STREET ADDRESS	1099 MCMULLEN-BOOTH RD APT 105	1.3 STREET ADDRESS	901 Palm Blvd.,
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	Dunedin, FL 34698
TITLE	VP	2.1 TITLE	VP
NAME	THEUNISSEN, MARGARET	2.2 NAME	Dinnsen, Jeanne
STREET ADDRESS	2034 FOREST DR	2.3 STREET ADDRESS	2263 Lake Arbor Blvd.,
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	Clearwater, FL 34623
TITLE	SD	3.1 TITLE	SD
NAME	EGGLESTON, MARGARET	3.2 NAME	Kepler, Ethel
STREET ADDRESS	914 CHESTER DR	3.3 STREET ADDRESS	667 Harbor Island
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	Clearwater, FL 34630
TITLE	T	4.1 TITLE	
NAME	WURMLE, MARY	4.2 NAME	
STREET ADDRESS	2171 PINE RIDGE DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	VP
NAME	JOSEPHSON, ADELE	5.2 NAME	Bergeron, Mary
STREET ADDRESS	880 MANDALAY AVE APT C-1007	5.3 STREET ADDRESS	1321 Edmonton Dr.,
CITY-ST-ZIP	PALM HARBOR FL	5.4 CITY-ST-ZIP	Clearwater, FL 34616
TITLE		6.1 TITLE	
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)