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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

NAME

STREET ADDRESS

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF

(3)

GFWC WOMAN'S CLUB OF CLEARWATER, INC.

Principal Place of Business Mailing Address C/O MARY M. WURMLE, TREASURER C/O MARY M. WURMLE. TREASURER 2171 PINE RIDGE DRIVE 2171 PINE RIDGE DRIVE **CLEARWATER FL 34623** CLEARWATER FL 34623-1330 3a. Date of Last Report 03/14/1996 3. Date incorporated or Qualified 06/13/1975 4. FEI Number Applied For 2. Principal Place of Business
21 C/O ELSIE GERHARDT, TR 28. Mailing Address GERHARDT, TR. 59-1637435 Not Applicable Suite, Apt. #, etc. 34 Australia E., #40 \$8.75 Additional 5. Certificate of Status Desired 272434 Australia E. #40 Fee Required City & State Leanwater, FL 34623 \$5.00 May Be 6. Election Campaign Financing 28 Cleanwaten, FL 34623 Trust Fund Contribution Added to Fees Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 30 PINELLAS 25 PINELLAS 34623 Yes X No Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 STOHRER, WILLIAM MRS. Street Address (P.O. Box Number is Not Acceptable) 82 STRATFORD COURT 83 45 KATHARINE BOULEVARD, #222 PALM HARBOR FL 34684 City Zip Code 85 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. **K** DELETE 1.1 TITLE Change Addition TITLE PD DINNSEN, JEANNE 2263 Lake Anbon Blvd. NAME RICE, ROSE 12 NAME STREET ADDRESS 901 PALM BLVD 1.3 STREET ADDRÉSS **DUNEDIN FL** Gearwater, FL 34623 1.4 CITY-ST-7IP CITY-ST-ZIP Y Change **K** DELETE Addition TITLE 2.1 TITLE BERGERON, MARY NAME DINNSEN, JEANNE 2.2 NAME 1321 Edmonton Dr. STREET ADDRESS 2263 LAKE ARBOR BLVD 23 STREET ADDRESS Leanwaten, fl 34616 CITY-ST-ZIP CLEARWATER FL 2.4 CITY-ST-ZIP **K** DELETE **Change** Addition TITLE 3.1 TITLE OSTETLER, BETTE NAME KEPLER, ETHEL 3.2 NAME 107 N. Cinus Ave., 667 HARBOR ISLAND 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP Leanwater, fl 34625 CLEARWATER FL CITY-ST-ZIP DELETE Change ☐ Addition 4.1 TITLE TITLE C GERHARDT, ELSIE NAME WURMLE, MARY 4 2 NAME 2434 Australia Way E., STREET ADDRESS 2171 PINE RIDGE DR 4.3 STREET ADDRESS CLEARWATER FL 4.4 CITY - ST - ZIP leanwaten, FL 34623 CITY-ST-7IP X Change DELETE 5.1 TITLE Addition TITLE HALO, JEAN BERGERON, MARY 5.2 NAME NAME 1099 McMullen Booth, Apt. Cleanwater, FL 34619 1321 EDMONTON DR STREET ADDRESS 5.3 STREET ADDRESS **CLEARWATER FL** 5.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE

6.2 NAME

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

SIGNATURE REQUIRED

6.3 STREET ADDRESS 6.4 CITY - ST-ZIP

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 cath; 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.