

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 04 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 733072 (3)**

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



Principal Place of Business C/O ELSIE GERHARDT, TR 2434 AUSTRALIA E. #40 CLEARWATER FL 34623 US	Mailing Address C/O ELSIE GERHARDT, TR 2434 AUSTRALIA E #40 CLEARWATER FL 34623 US
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3. Date Incorporated or Qualified <b>06/13/1975</b>
4. FEI Number <b>59-1637435</b>
Applied For <input type="checkbox"/>
Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business 21. <b>C/O ELSIE GERHARDT-TR.</b>	2a. Mailing Address 26. <b>C/O ELSIE GERHARDT-TR.</b>
Suite, Apt. #, etc. 22. <b>2434 AUSTRALIA E. #40</b>	Suite, Apt. #, etc. 27. <b>2434 AUSTRALIA E #40</b>
City & State 23. <b>CLEARWATER, FL</b>	City & State 28. <b>CLEARWATER, FL</b>
Zip 24. <b>33763</b>	Country 25. <b>US</b>
Country 29. <b>US</b>	Zip 30. <b>33763</b>

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 **MRS. LILLIAN VOLLMER**

82 Street Address (P.O. Box Number is Not Acceptable)  
**1099 MC MULLEN BOOTH RD APT. 132**

83

84 City **CLEARWATER** FL 85 Zip Code **33759**

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: *Lillian C. Vollmer* **January 26, 1998**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DINNSSEN, JEANNE	1.2 NAME	
STREET ADDRESS	2263 LAKE ARBOR BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERGERON, MARY	2.2 NAME	
STREET ADDRESS	1321 EDMONTON DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOSTETLER, BETTE	3.2 NAME	
STREET ADDRESS	107 N CIRUS AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERHARDT, ELSIE	5.2 NAME	
STREET ADDRESS	2434 AUSTRALIA WAY E #40	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	5.4 CITY-ST-ZIP	
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 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.

SIGNATURE: *Elsie Gerhardt* **ELSIE GERHARDT 1-26-98 813-791-4213**

CR2E037 (10/97)