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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 733072

1. Corporation Name

GFWC WOMAN'S CLUB OF CLEARWATER, INC.

155179².90071.7¹ 9 *

Principal Place of Business

Mailing Address

C/O ELSIE GERHARDT-TR
 2434 AUSTRALIA E. #40
 CLEARWATER FL 33763
 US

C/O ELSIE GERHARDT-TR
 2434 AUSTRALIA E #40
 CLEARWATER FL 33763
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 90 Sherrill Roberson

26 90 Sherrill Roberson

06/13/1975

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

4. FEI Number

Applied For

1631 Dale Cir. So.

1631 Dale Cir. So

59-1637435

Not Applicable

23 City & State

28 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Dunedin FL

Dunedin FL

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip 34698 25 Country USA

29 Zip 34698 30 Country USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VOLLMER, LILLIAN M
 1099 MCMULLEN BOOTH-RD, APT 132
 CLEARWATER FL 33759

81 Name Sherrill Roberson, Treasurer
 82 Street Address (P.O. Box Number is Not Acceptable) 1631 Dale Circle South
 83
 84 City Dunedin FL 85 Zip Code 34698

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 SHERRILL E. ROBERSON Sherrill E. Roberson 1/24/99
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	PD	<input checked="" type="checkbox"/> DELETE
NAME	DINNSSEN, JEANNE	
STREET ADDRESS	2263 LAKE ARBOR BLVD	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BERGERON, MARY	
STREET ADDRESS	1321 EDMONTON DR.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HOSTETLER, BETTE	
STREET ADDRESS	107 N CIRUS AVE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WURMLE, MARY	
STREET ADDRESS	2171 PINE RIDGE DR	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	GERHARDT, ELSIE	
STREET ADDRESS	2434 AUSTRALIA WAY E #40	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Sylvia Smith	
1.3 STREET ADDRESS	2725 Burning Tree Lane	
1.4 CITY-ST-ZIP	Clearwater, FL 33761	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Lura Gillis	
3.3 STREET ADDRESS	2380 World Parkway Blvd #16	
3.4 CITY-ST-ZIP	Clearwater, FL 33763	
4.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SHERRILL Roberson	
5.3 STREET ADDRESS	1631 Dale Cir. So.	
5.4 CITY-ST-ZIP	Dunedin, FL 34698	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: SHERRILL E. ROBERSON Sherrill E. Roberson 1/24/99 (727) 734-8500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)