

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **740124** (3)

1. Corporation Name

**GFWC SANTA ROSA WOMAN'S CLUB INC.**



Principal Place of Business  
**PO BOX 101**  
**P.O. BOX 101**  
**GULF BREEZE FL 32562**  
**US**

Mailing Address  
**PO BOX 101**  
**P.O. BOX 101**  
**GULF BREEZE FL 32562**  
**US**

3. Date Incorporated or Qualified **09/14/1977** 3a. Date of Last Report **02/13/1995**

2. Principal Place of Business 2a. Mailing Address  
**21 GFWC SANTA ROSA WOMANS CLUB** **26 GFWC SANTA ROSA WOMANS CLUB**

Suite, Apt. #, etc. Suite, Apt. #, etc.  
**22 819 BAY CLIFFS RD.** **27 819 BAY CLIFFS RD.**

City & State City & State  
**23 GULF BREEZE, FL.** **28 GULF BREEZE, FL.**

Zip Country Zip Country  
**24 32561** **25 Santa Rosa** **29 32561** **30 Santa Rosa**

4. FEI Number **59-1709451** Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent  
**GALLAGHER, MS. PRESLEY**  
**3372 LAUREL DR.**  
**GULF BREEZE FL 32561**

10. Name and Address of New Registered Agent  
**81 Name**  
**82 Street Address (P.O. Box Number is Not Acceptable)**  
**83**  
**84 City** **FL** **85 Zip Code**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating.) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CRAVEN, KAY	
STREET ADDRESS	328 ANDREW JACKSON TR	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MCELWAIN, ALETA	
STREET ADDRESS	1164 LONGWOOD DR	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BAILEY, KATHY	
STREET ADDRESS	319 ANDREW JACKSON TRAIL	
CITY-ST-ZIP	GULF BREEZE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BARRETT, KATHY	
STREET ADDRESS	46 HIGHPOINT DR	
CITY-ST-ZIP	GULF BREEZE, FL 00000	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	PFEIFFER, JOYCE	
STREET ADDRESS	304 N SUNSET BLVD	
CITY-ST-ZIP	GULF BREEZE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	STRENGTH, JANIS	
STREET ADDRESS	3371 EDGEWATER DR	
CITY-ST-ZIP	GULF BREEZE FL 32561	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BAILEY, KATHY	
1.3 STREET ADDRESS	1012 HARBORVIEW CIRCLE	
1.4 CITY-ST-ZIP	PENSACOLA, FLA. 32507	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	NEIGHBOURS, CARLENE	
2.3 STREET ADDRESS	4974 HICKORY SHORES BLVD.	
2.4 CITY-ST-ZIP	GULF BREEZE, FL. 32561	
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BARRETT, KATHY	
3.3 STREET ADDRESS	46 HIGHPOINT DR.	
3.4 CITY-ST-ZIP	GULF BREEZE, FL 32561	
4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	WORSNOP, PAT	
4.3 STREET ADDRESS	3021 BAY STREET	
4.4 CITY-ST-ZIP	GULF BREEZE, FL. 32561	
5.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	O'DEA, TERRY	
5.3 STREET ADDRESS	1212 RAMBLEWOOD DRIVE	
5.4 CITY-ST-ZIP	GULF BREEZE, FL. 32561	
6.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	MINSHULL, MARY	
6.3 STREET ADDRESS	819 BAY CLIFFS RD.	
6.4 CITY-ST-ZIP	GULF BREEZE, FL. 32561	

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 F. Minshull MARY F MINSHULL 2/26/96 904-932-2664  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)