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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **740124** (3)

1. Corporation Name

GWFC SANTA ROSA WOMAN'S CLUB INC.

Principal Place of Business

Mailing Address

PO BOX 423
GULF BREEZE FL 32561
US

PO BOX 423
GULF BREEZE FL 32561
US

3. Date Incorporated or Qualified

09/14/1977

4. FEI Number

59-1709451

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 **PO Box 423**

26 **PO Box 423**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Gulf Breeze, FL**

28 **Gulf Breeze, FL**

24 Zip

Country

29 Zip

Country

32561

US

32561

US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GALLAGHER, MS. PRESLEY
3372 LAUREL DR.
GULF BREEZE FL 32561

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **PFEIFFER, CAROLYN**
 STREET ADDRESS **4304 HICKORY SHORES BLVD**
 CITY-ST-ZIP **GULF BREEZE FL**

TITLE **VD** ☐ DELETE

NAME **NEIGHBORS, CARLENE**
 STREET ADDRESS **4974 HICKORY SHORES BLVD**
 CITY-ST-ZIP **GULF BREEZE FL**

TITLE **VPD** ☐ DELETE

NAME **STUCKEY, ANN**
 STREET ADDRESS **4978 HICKORY SHORES BLVD**
 CITY-ST-ZIP **GULF BREEZE FL**

TITLE **VPD** ☐ DELETE

NAME **STERENGTH, JANIS**
 STREET ADDRESS **3371 EDGEWATER DRIVE**
 CITY-ST-ZIP **GULF BREEZE FL**

TITLE **S** ☐ DELETE

NAME **O'DEA, TERRY**
 STREET ADDRESS **1212 RAMBLEWOOD DRIVE**
 CITY-ST-ZIP **GULF BREEZE FL**

TITLE **T** ☐ 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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

VPD
Dehn, Millie
4124 Longwood Cir
Gulf Breeze, FL - 32561

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

VPD
Brandon, Wendy
1756 Ensenada Tres
Pensacola Beach, FL 32561

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

VPD
Mineo, Judith
4681 Soundside Dr.
Gulf Breeze, FL 32561

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

T
Pieri, Sharon
204 Hibiscus Ave
Gulf Breeze, FL 32561

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: **Sharon A. Pieri** **Sharon A. Pieri** 1-7-98 (850) 934-9091

CR2E037 (10/97)