FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State
03-04-1999 90042 030 ****61.25

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DOCUMENT # 740124

1. Corporation Name

GFWC SANTA ROSA WOMAN'S CLUB INC.

Principal Place of Business	Mailing Address
PO BOX 423 GILF BREEZE FL 32561 US	PO BOX 423 GUKF BREEZE FL 32561 US

2. Principal Place of Business `21`	2a. Mailing Address `26`	3. Date Incorporated or Qualifed **09/14/1977**
Suite, Apt. #, etc. `22`	Suite, Apt. #, etc. `27`	4. FEI Number **59-1709451** / Applied For / Not Applicable
City & State `23`	City & State `28`	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip `24` / Country `25`	Zip `29` / Country `30`	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

CR2E037 (11/98)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **PD** NAME **PFEIFFER, CAROLYN** STREET ADDRESS **4304 HICKORY SHORES BLVD** CITY-ST-ZIP **BULF BREEZE FL**	☒ DELETE	1.1 TITLE *PD* 1.2 NAME *MINEO, JUDITH* 1.3 STREET ADDRESS *4681 Sownside Drive* 1.4 CITY-ST-ZIP *Gulf Breeze, Fl. 32561*	☒ Change ☐ Addition
TITLE **VPD** NAME **DEHN, MILLIE** STREET ADDRESS **4124 LONGWOOD CIR** CITY-ST-ZIP **GULF BREEZE FL 32561**	☒ DELETE	2.1 TITLE *PD* 2.2 NAME *STRENGTH, JANIS* 2.3 STREET ADDRESS *33 Edge water Dr.* 2.4 CITY-ST-ZIP *Gulf Breeze, FL. 32561*	☐ Change ☒ Addition
TITLE **VPD** NAME **BRANDON, WENDY** STREET ADDRESS **1756 ENSENDA TRES** CITY-ST-ZIP **PENSACOLA BCH FL 32561**	☐ DELETE	3.1 TITLE *VPD* 3.2 NAME *PIERI, SHARON* 3.3 STREET ADDRESS *204 HABISCUS AVE* 3.4 CITY-ST-ZIP *Gulf Breeze, FL. 32561*	☒ Change ☐ Addition
TITLE **VPD** NAME **MINEO, JUDITH** STREET ADDRESS **4681 SOUNDSIDE DR** CITY-ST-ZIP **GULF BREEZE FL 32561**	☐ DELETE	4.1 TITLE *VPD* 4.2 NAME *JENKINS, ROSE* 4.3 STREET ADDRESS *109 NANDINA Rd.* 4.4 CITY-ST-ZIP *Gulf Breeze, FL. 32561*	☐ Change ☒ Addition
TITLE **S** NAME **O'DEA, TERRY** STREET ADDRESS **1212 RAMBLEWOOD DRIVE** CITY-ST-ZIP **GULF BREEZE FL**	☒ DELETE	5.1 TITLE *S.* 5.2 NAME *MARTIN, NANCY* 5.3 STREET ADDRESS *4164 SANDy Bluff Dr. W.* 5.4 CITY-ST-ZIP *Gulf Breeze, FL. 32561*	☐ Change ☒ Addition
TITLE **T** NAME **PIERI, SHARON** STREET ADDRESS **204 HIBISCUS AVE** CITY-ST-ZIP **GULF BREEZE FL 32561**	☐ DELETE	6.1 TITLE *T.* 6.2 NAME *MINSHULL, MARY P.* 6.3 STREET ADDRESS *819 Bay Cliffs Rd.* 6.4 CITY-ST-ZIP *Gulf Breeze, FL. 32561*	☐ Change ☒ Addition

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: *Mary ...* SIGNATURE REQUIRED F. MINSHULL 2/17/99 (850) 932-2664

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #