FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 10 PM 12:25

DOCUMENT # N07318 (1)

1. Corporation Name

GFWC TALLAHASSEE JUNIOR WOMAN'S CLUB, INC.

Principal Place of Business	Mailing Address
% LOS ROBLES P.O. BOX 944 TALLAHASSEE FL 32302-0944	% LOS ROBLES P.O. BOX 944 TALLAHASSEE FL 32302-0944

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/25/1985
3a. Date of Last Report: 02/16/1994
4. FEI Number: 59-6138788 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

DUGGAR, THOMAS E.
1391 TIMBERLANE ROAD
TALLAHASSEE FL 32302

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 607.0502 and 607.1508, 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 607.0505, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	MITCHELL, CANDY	1.2 NAME		
STREET ADDRESS	1639 FERNANDO DR	1.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE	D	☒ Change ☐ Addition
NAME	SALLY BAKER	2.2 NAME	Sharon Cromar	
STREET ADDRESS	2153 VICTORY GARDEN DRIVE	2.3 STREET ADDRESS	1128 Brafferton Dr	
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	Tallahassee, FL 32311	
TITLE	T	3.1 TITLE	T	☒ Change ☐ Addition
NAME	STEWART, MARY	3.2 NAME	Thomas, Pat	
STREET ADDRESS	2940 EDEN BERRY DR.	3.3 STREET ADDRESS	3213 Whitney Dr. W	
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE	D	4.1 TITLE	D	☒ Change ☐ Addition
NAME	BRANTLY, DIANNE	4.2 NAME	Hamilton, Beth	
STREET ADDRESS	3200 SHANNON LAKES N.	4.3 STREET ADDRESS	2308 Arendell Way	
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	RODRIQUE, MARGARET	5.2 NAME	~~Aubin, Candi~~	(OK)
STREET ADDRESS	210 MILL BRANCH RD	5.3 STREET ADDRESS	~~3404 Merrimac Dr.~~	
CITY-ST-ZIP	TALLAHASSEE FL	5.4 CITY-ST-ZIP	~~Tallahassee, FL 32312~~	
TITLE	D	6.1 TITLE	D	☑ Change ☐ Addition
NAME	ANNETTE MARSHALL	6.2 NAME	Aubin, Candi	
STREET ADDRESS	4437 STRATFORDSHIRE CT	6.3 STREET ADDRESS	3404 merrimac dr.	
CITY-ST-ZIP	TALLAHASSEE FL	6.4 CITY-ST-ZIP	Tallahassee, FL 32312	

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: Patricia Thomas 3/2/95 487-8124
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OFFICER OR DIRECTOR Date Daytime Phone #