FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: **01/25/1985**

3a. Date of Last Report: **04/10/1995**

2. Principal Place of Business — 21:

Suite, Apt. #, etc. — 22:

City & State — 23:

Zip — 24: Country — 25:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 27:

City & State — 28:

Zip — 29: County — 30:

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

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

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 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 necessary) DATE

Signature, type or printed name of registered agent and the date as above

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	MITCHELL, CANDY		12 NAME		
STREET ADDRESS	1639 FERNANDO DR		13 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		14 CITY-ST-ZIP		
TITLE	D	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	CROMAR, SHARON		22 NAME		
STREET ADDRESS	1128 BRAFFORTON DR		23 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		24 CITY-ST-ZIP		
TITLE	T	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	THOMAS, PAT		32 NAME		
STREET ADDRESS	3213 WHITNEY DR. W		33 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		34 CITY-ST-ZIP		
TITLE	D	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	HAMILTON, BETH		42 NAME		
STREET ADDRESS	2308 ARENDELL WAY		43 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		44 CITY-ST-ZIP		
TITLE	D	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	RODRIQUE, MARGARET		52 NAME		
STREET ADDRESS	210 MILL BRANCH RD		53 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		54 CITY-ST-ZIP		
TITLE	D	☐ DELETE	61 TITLE	D	☒ Change ☐ Addition
NAME	ARBIN, CANDI		62 NAME	AUBIN, CANDI	
STREET ADDRESS	3404 MERRIMAE DR		63 STREET ADDRESS	3404 MERRIMAC DR	
CITY-ST-ZIP	TALLAHASSEE FL		64 CITY-ST-ZIP	TALLAHASSEE FL 32308	

CR2E037 (12/95)

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 — 4-25-96 — 904-671-0715

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

Patricia Thomas, treasurer