

FILE NOW: FILING FEE IS \$61.25

FILED  
May 21 1998 8:00am  
Secretary of State

|                                                          |                                                                                   |                                                                                                           |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # **N07318** (1)  
1. Corporation Name  
**GFWC TALLAHASSEE JUNIOR WOMAN'S CLUB, INC.**



|                                                                                                   |                                                                                       |
|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>% LOS ROBLES<br/>P.O. BOX 944<br/>TALLAHASSEE FL 32302-0944</b> | Mailing Address<br><b>% LOS ROBLES<br/>P.O. BOX 944<br/>TALLAHASSEE FL 32302-0944</b> |
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|                                                        |                                                                                     |
|--------------------------------------------------------|-------------------------------------------------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>01/25/1985</b> | Applied For<br><input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable |
| 4. FEI Number<br><b>59-6138788</b>                     |                                                                                     |

|                                                                                                                                 |                                                                                                                      |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br><b>21</b> Suite, Apt. #, etc.<br><b>22</b> City & State<br><b>23</b> Zip<br><b>24</b> Country | 2a. Mailing Address<br><b>26</b> Suite, Apt. #, etc.<br><b>27</b> City & State<br><b>28</b> Zip<br><b>29</b> Country |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                              |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                           |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No                                          |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |

|                                                                                                                               |  |
|-------------------------------------------------------------------------------------------------------------------------------|--|
| 9. Name and Address of Current Registered Agent<br><b>DUGGAR, THOMAS E.<br/>1391 TIMBERLANE ROAD<br/>TALLAHASSEE FL 32302</b> |  |
|-------------------------------------------------------------------------------------------------------------------------------|--|

|                                                       |             |
|-------------------------------------------------------|-------------|
| 10. Name and Address of New Registered Agent          |             |
| 81 Name                                               |             |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83                                                    |             |
| 84 City                                               | 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 |                                                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                              |
|----------------------------|-----------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE                      | <b>D</b> <input checked="" type="checkbox"/> DELETE | 1.1 TITLE                                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>MITCHELL, CANDY</b>                              | 1.2 NAME                                              | <b>Treasurer</b>                                                             |
| STREET ADDRESS             | <b>1639 FERNANDO DR</b>                             | 1.3 STREET ADDRESS                                    | <b>Sheila Reddick</b>                                                        |
| CITY-ST-ZIP                | <b>TALLAHASSEE FL</b>                               | 1.4 CITY-ST-ZIP                                       | <b>2548-B Panther Creek Road</b>                                             |
| TITLE                      | <b>D</b> <input checked="" type="checkbox"/> DELETE | 2.1 TITLE                                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>CROMAR, SHARON</b>                               | 2.2 NAME                                              | <b>President E</b>                                                           |
| STREET ADDRESS             | <b>1128 BRAFFORTON DR</b>                           | 2.3 STREET ADDRESS                                    | <b>Kathleen Brennan</b>                                                      |
| CITY-ST-ZIP                | <b>TALLAHASSEE FL</b>                               | 2.4 CITY-ST-ZIP                                       | <b>3106 Aron Circle</b>                                                      |
| TITLE                      | <b>XD</b> <input type="checkbox"/> DELETE           | 3.1 TITLE                                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>THOMAS, PAT</b>                                  | 3.2 NAME                                              | <b>Vice-President</b>                                                        |
| STREET ADDRESS             | <b>3213 WHITNEY DR. W</b>                           | 3.3 STREET ADDRESS                                    | <b>ToCoi Arthur</b>                                                          |
| CITY-ST-ZIP                | <b>TALLAHASSEE FL</b>                               | 3.4 CITY-ST-ZIP                                       | <b>2337 Eastgate Way</b>                                                     |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE            | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>HAMILTON, BETH</b>                               | 4.2 NAME                                              |                                                                              |
| STREET ADDRESS             | <b>2308 ARENDELL WAY</b>                            | 4.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                | <b>TALLAHASSEE FL</b>                               | 4.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                      | <b>D</b> <input checked="" type="checkbox"/> DELETE | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>RODRIQUE, MARGARET</b>                           | 5.2 NAME                                              |                                                                              |
| STREET ADDRESS             | <b>210 MILL BRANCH RD</b>                           | 5.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                | <b>TALLAHASSEE FL</b>                               | 5.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE            | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>AUBIN, CANDI</b>                                 | 6.2 NAME                                              |                                                                              |
| STREET ADDRESS             | <b>3404 MERRIMAC DRIVE</b>                          | 6.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                | <b>TALLAHASSEE FL</b>                               | 6.4 CITY-ST-ZIP                                       |                                                                              |

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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: *Thomas E. Duggar*

CR2E037 (10/97)