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
May 05, 1999 8:00 am
Secretary of State
05-05-1999 90045 027 ****61.25

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DOCUMENT # N07318

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 01/25/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-6138788 ☐ 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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	☒ DELETE	1.1 TITLE	T	☒ Change ☐ Addition
NAME	REDDCIK, SHEILA		1.2 NAME	Crosbos, Amy	
STREET ADDRESS	2548-B PANTHER CREEK ROAD		1.3 STREET ADDRESS	2117 Spence Ave	
CITY-ST-ZIP	TALLAHASSEE FL 32308		1.4 CITY-ST-ZIP	Tallahassee	
TITLE	PE	☒ DELETE	2.1 TITLE	P	☒ Change ☐ Addition
NAME	BRENNAN, KATHLEEN		2.2 NAME	Brennan, Kathleen	
STREET ADDRESS	3106 ARON CIRCLE		2.3 STREET ADDRESS	3106 Aron Circle	
CITY-ST-ZIP	TALLAHASSEE FL 32312		2.4 CITY-ST-ZIP	Tallahassee, FL 32312	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	THOMAS, PAT		3.2 NAME		
STREET ADDRESS	3213 WHITNEY DR. W		3.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HAMILTON, BETH		4. 2 NAME		
STREET ADDRESS	2308 ARENDELL WAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		4.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	5.1 TITLE	PG	☒ Change ☐ Addition
NAME	TOCOI, ARTHUR		5.2 NAME		
STREET ADDRESS	2337 EASTGATE WAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32308		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	AUBIN, CANDI		6.2 NAME		
STREET ADDRESS	3404 MERRIMAC DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: S SIGNATURE SHEILA REDDICK 4/26/99 850-671-0645
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #