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 # N49459 (3)

1. Corporation Name

GFWC MELBOURNE WOMAN'S CLUB INC.

Principal Place of Business	Mailing Address
PO BOX 2212 MELBOURNE FL 32902-2212	PO BOX 2212 MELBOURNE FL 32902-2212

3. Date Incorporated or Qualified: 09/21/1992
3a. Date of Last Report: 02/09/1995

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

4. FEI Number: 59-1711010 ☐ 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

SMITH, JIMMIE GODWIN
500 W FEE AVE
MELBOURNE FL 32901

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 reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SEVERANCE, BESSIE		1.2 NAME		
STREET ADDRESS	713 BADGER DR NE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	CARMELLE, LUCCI		2.2 NAME	Carmelle Lucci	
STREET ADDRESS	2464 FLICKER PLACE		2.3 STREET ADDRESS	2464 Flicker place	
CITY-ST-ZIP	MELBOURNE FL		2.4 CITY-ST-ZIP	melbourne, FL 32904	
TITLE	S	☐ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	GUY, KATHY		3.2 NAME	Guy, Kathy	
STREET ADDRESS	473 LINDA AVE		3.3 STREET ADDRESS	473 Linda Ave	
CITY-ST-ZIP	MELBOURNE FL		3.4 CITY-ST-ZIP	Melbourne, FL 32935	
TITLE	VP	☐ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	WOODLEY, T RONA		4.2 NAME	Woodley, Trona	
STREET ADDRESS	4034 MARLBERRY LN		4.3 STREET ADDRESS	780 S Robin Way	
CITY-ST-ZIP	MELBOURNE FL		4.4 CITY-ST-ZIP	Satellite Bch FL 32937	
TITLE	TD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DE GROVE, MARION		5.2 NAME		
STREET ADDRESS	60 CORAL SEA WAY #18		5.3 STREET ADDRESS		
CITY-ST-ZIP	SATELLITE BEACH FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, JIMMIE		6.2 NAME		
STREET ADDRESS	500 W. FEE AVE.		6.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		6.4 CITY-ST-ZIP		

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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: Marion De Grove Marion DeGrove 1/25/96 407-777-8[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SG 3-4-96