

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Jan 31 1997 8:00am  
Secretary of State**

**NONPROFIT CORPORATION  
ANNUAL REPORT  
1997**



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**

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MELBOURNE FL 32902-2212**

3. Date Incorporated or Qualified  
**09/21/1992**

3a. Date of Last Report  
**03/04/1996**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

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

10. Name and Address of New Registered Agent

**SMITH, JIMMIE GODWIN  
500 W FEE AVE  
MELBOURNE FL 32901**

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 Jimmie Goodwin Smith

1/23/97

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  DELETE  
NAME **P SEVERANCE, BESSIE**  
STREET ADDRESS **713 BADGER DR NE**  
CITY-ST-ZIP **PALM BAY FL**

1.1 TITLE  Change  Addition  
1.2 NAME **D Severance, Bessie**  
1.3 STREET ADDRESS **713 Badger Dr NE**  
1.4 CITY-ST-ZIP **Palm Bay, FL 32903-5809**

TITLE  DELETE  
NAME **D CARMELLE, LUCCI**  
STREET ADDRESS **2464 FLICKER PLACE**  
CITY-ST-ZIP **MELBOURNE FL**

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE  DELETE  
NAME **D GUY, KATHY**  
STREET ADDRESS **473 LINDA AVE**  
CITY-ST-ZIP **MELBOURNE FL**

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  DELETE  
NAME **D WOODLEY, T RONA**  
STREET ADDRESS **4034 MARLBERRY LN**  
CITY-ST-ZIP **MELBOURNE FL**

4.1 TITLE  Change  Addition  
4.2 NAME **D Mullins, Retha**  
4.3 STREET ADDRESS **4112 Knight Ave.**  
4.4 CITY-ST-ZIP **Melbourne, FL 32901**

TITLE  DELETE  
NAME **TD DE GROVE, MARION**  
STREET ADDRESS **60 CORAL SEA WAY #18**  
CITY-ST-ZIP **SATELLITE BEACH FL**

5.1 TITLE  Change  Addition  
5.2 NAME **D Saller, Helen**  
5.3 STREET ADDRESS **1302 Aventura Way**  
5.4 CITY-ST-ZIP **Melbourne, FL 32940**

TITLE  DELETE  
NAME **D SMITH, JIMMIE**  
STREET ADDRESS **500 W. FEE AVE.**  
CITY-ST-ZIP **MELBOURNE FL**

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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: Bessie Severance  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bessie Severance 1/23/97

Date

407-227-2852  
Daytime Phone # 0018554

CP2E037 (9/96)