

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # 723177 (2)  
1. Corporation Name  
GFWC-CLEARWATER COMMUNITY WOMAN'S CLUB, INC.

APPROVED  
AND  
FILED

95 APR -6 AM 6:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
6125 SAN MATEO, 1348 Whispering Pines Dr 6125 SAN MATEO, 1348 Whispering Pines Dr  
P.O. BOX 6074 P.O. BOX 6074  
CLEARWATER FL 34624 CLEARWATER FL 34624

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
21 1348 Whispering Pines Dr 26 1348 Whispering Pines Dr  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 34624 25 Country 29 34624 30 Country

3. Date Incorporated or Qualified 3a. Date of Last Report  
04/14/1972 04/11/1994  
4. FEI Number Applied For  
23-7241338 Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ \$68.75 Supplemental Fee Not Required  
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

DENNARD, MERLE T  
1545 OAK LANE  
CLEARWATER FL 33546

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

| 12. OFFICERS AND DIRECTORS |                          | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                          |
|----------------------------|--------------------------|-------------------------------------------------------|--------------------------|
| TITLE                      | PD                       | 1.1 TITLE                                             | PD                       |
| NAME                       | SCHULTZ, JUNE            | 1.2 NAME                                              | Henderson, MARTHA        |
| STREET ADDRESS             | 3175 SAN MATEO           | 1.3 STREET ADDRESS                                    | 1348 Whispering Pines Dr |
| CITY-ST-ZIP                | CLEARWATER, FL 00000     | 1.4 CITY-ST-ZIP                                       | CLEARWATER, FL 34624     |
| TITLE                      | SD                       | 2.1 TITLE                                             | S/D                      |
| NAME                       | CASSELLS, MARELLA        | 2.2 NAME                                              | HAMMOCK, MAZIE           |
| STREET ADDRESS             | 1924 NURSERY RD.         | 2.3 STREET ADDRESS                                    | 1962 Magnolia Drive      |
| CITY-ST-ZIP                | CLEARWATER, FL 00000     | 2.4 CITY-ST-ZIP                                       | CLEARWATER, FL 34624     |
| TITLE                      | V                        | 3.1 TITLE                                             | V                        |
| NAME                       | CHOCHOLA, SANDRA         | 3.2 NAME                                              | CASSELLS MARELLA         |
| STREET ADDRESS             | 51 ISLAND WAY, #701      | 3.3 STREET ADDRESS                                    | 1924 Nursery Rd          |
| CITY-ST-ZIP                | CLEARWATER, FL 00000     | 3.4 CITY-ST-ZIP                                       | CLEARWATER, FL 34624     |
| TITLE                      | VD                       | 4.1 TITLE                                             | VD                       |
| NAME                       | HENDERSON, MARTHA        | 4.2 NAME                                              | BLACKWOOD, Marguerite    |
| STREET ADDRESS             | 1348 WHISPERING PINES DR | 4.3 STREET ADDRESS                                    | 1518 Meadow Dale Drive   |
| CITY-ST-ZIP                | CLEARWATER FL            | 4.4 CITY-ST-ZIP                                       | CLEARWATER FL 34624      |
| TITLE                      | T                        | 5.1 TITLE                                             |                          |
| NAME                       | TIMBERLAKE, RUTH         | 5.2 NAME                                              |                          |
| STREET ADDRESS             | 643 HARBOR ISLAND        | 5.3 STREET ADDRESS                                    |                          |
| CITY-ST-ZIP                | CLEARWATER FL            | 5.4 CITY-ST-ZIP                                       |                          |
| TITLE                      |                          | 6.1 TITLE                                             |                          |
| NAME                       |                          | 6.2 NAME                                              |                          |
| STREET ADDRESS             |                          | 6.3 STREET ADDRESS                                    |                          |
| CITY-ST-ZIP                |                          | 6.4 CITY-ST-ZIP                                       |                          |

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 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ruth M. Timberlake, Inc.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Ruth M. Timberlake

813-461-6600  
Daytime Phone #