

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

Principal Place of Business

1348 WHISPERING PINES DR
CLEARWATER FL 34624
US

Mailing Address

1348 WHISPERING PINES DR
P.O. BOX 6074
CLEARWATER FL 34624
US



3. Date Incorporated or Qualified
04/14/1972

3a. Date of Last Report
04/06/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

4. FEI Number
23-7241338

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

DENNARD, MERLE T
1545 OAK LANE
CLEARWATER FL 33546

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME HENDERSON, MARTHA
STREET ADDRESS 1348 WHISPERING PINES DR
CITY-ST-ZIP CLEARWATER, FL 00000

TITLE SD ☐ DELETE
NAME HAMMOCK, MAZIE
STREET ADDRESS 1962 MAGNOLIA DR
CITY-ST-ZIP CLEARWATER, FL 00000

TITLE V ☐ DELETE
NAME CASSELS, MARELLA
STREET ADDRESS 1924 NURSERY RD
CITY-ST-ZIP CLEARWATER, FL 00000

TITLE VD ☐ DELETE
NAME BLACKWOOD, MARGUERITE
STREET ADDRESS 1518 MEADOW DALE DR
CITY-ST-ZIP CLEARWATER FL

TITLE T ☐ DELETE
NAME TIMBERLAKE, RUTH
STREET ADDRESS 643 HARBOR ISLAND
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

VD PATRICIA FAICO
2359 GLENMOOR ROAD N.
CLEARWATER, FL. 34624

TREAS. SALLY SIMINO
1869 CASTLE WOODS DR.
CLEARWATER, FL. 34619

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:

Sally Simino, Treas.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(813) 796-5659

CR2E037 (12/95)