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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

770073

(5)

GULF HARBORS WOMEN OF THE WOODLANDS, INC.

Principal Place of Business Mailing Address											
3936 MARINE I NEW PORT RK	Parkway Chey Fl 34652-3142	3936 MARINE PARKWAY NEW PORT RICHEY FL 3	836 MARINE PARKWAY EW PORT RICHEY FL 34652-3142								
			•			3. Da	te Incorporated or Qualified 09/01/1983	3a. E	Date of Last R 06/23/19		
2. Principal Pl 21	lace of Business	2a. Mailing Address 26		·		4 , FE	Number 59-2480702			pplied For ot Applicable	
Suite, Apt.		Suite, Apt. #, etc.		,		5. Ce	rtificate of Status Desired		~ - · · · ·	Additional equired	
City & State		City & State	28			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees					
Zip	Country Zip		 1	Country			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No				
4 25 29 9. Name and Address of Current Regi		29 nt Registered Agent	ered Agent			Florida Statutes Yes I No 10. Name and Address of New Registered Agent					
	o. Harre and Addition of Calle			81	Name	10. 111	and recover at the life				
NEWTON, FAITH				82	Street A	Address (P.O. Box Number is Not Acceptable)					
	ERRY PLACE DRT RICHEY FL 34652			83							
				84	City			FL	85 Zip	Code	
office or r	to the provisions of Sections 617.05 egistered agent, or both, in the Statem familiar with, and accept the oblig	e of Florida. Such change was	authorized	d by	the corpo	corporation si oration's boar	ubmits this statement for the p rd of directors. I hereby accep	ourpose of the ap	of changing to pointment as	ts registered registered	
SIGNATURE .	Signature, typed or printed name of registered ac	nent and title if applicable. (NO	TE Registered	d Aper	nt signature r	equired when rein	stating)	DATE			
12.	OFFICERS AND DIRECTORS			13.			DITIONS/CHANGES TO OFFIC	ERS AN	D DIRECTO	RS IN 12	
TITLE	PD	DELETE	1.1 Tê	TLE					☐ Change	Addition	
NAME	NEWTON, FAITH		1.2 NA	1.2 NAME							
STREET ADDRESS	4152 PERRY PLACE			1.3 STREET ADDRESS							
CITY-ST-ZIP	NEW PORT RICHEY FL 34652			1.4 CITY - ST - ZIP							
TITLE	VD	☐ DELETE	2.1 Ti						L Change	Addition	
NAME	ONDRUSEK, JUANITA		2.2 N		ļ						
STREET ADDRESS	5630 BOONE CT			2.3 STREET ADDRESS					346	ردى	
CITY-ST-ZIP	SD NEW PI HICHET FL			2.4 CITY-ST-ZIP 3.1 TITLE					Change	Addition	
TITLE		L.J OLLCIE	3.1 HIII 3.2 NAI						Change	/ Addition	
NAME PIDELL ADDDCCS		postur 45				K1.30	BOONE CT				
STREET ADDRESS		LINE MARK DISCHALLE ALARA		3.4. CITY-ST-2IP		3690	000,00 0,	•			
CITY-ST-ZIP TITLE	TD	DELETE	4.1 TJ		SI-ZIF				Change	4 Addition	
NAME	MOUNTS, DOROTHY		4.2 N								
STREET ADDRESS	4119 MARINE PKWY		1		ADDRESS						
CITY-ST-2IP	NEW PT RICHEY FL			TY-SI					3466	; 2	
TITLE		DELETE	5.1 TI						Change	Addition	
NAME			5.2 N	AME	. [
STREET ADDRESS			5.3 \$1	TAEET	ADDRESS		<i>:</i>				
CITY-ST-ZIP			5.4 CI	ITY - SI	T - ZiP					·	
TITLE				6.1 TITLE					☐ Change	Addition	
NAME			6.2 N	AME)		, :	ij			
STREET ADDRESS			6.3 S ¹	TREET	ADDRESS						
CITY-ST-ZIP			6.4 CI	ITY-S	T-ZIP		<u> </u>				
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14. I do hereby certify that the information supplied with this filling 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:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Jan. 14 97

Daytime Phone # 0087060

FILED

Jan 31 1997 8:00am

Secretary of State