FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(2)

GFWC-CLEARWATER COMMUNITY WOMAN'S CLUB, INC.

1948 WHISPERING PINES DR CLEARWATER FL 94624

2. Principal Place of Business

Suite, Apt. #, etc.

1518 HEADON DALE DR

Principal Place of Business

Mailing Address

1348 WHISPERING PINES DR P.O. BOX 6074 CLEARWATER FL 34624-2822

Suite, Apt. #, etc.

3. Date Incorporated or Qualified Mailing Address 4. FEI Number Pa Box

23-7241338
5. Certificate of Status Desire

04/14/1972

6. Election Campaign Financing

\$8.75 Additional Fee Required \$5.00 May Be

Applied For

Not Applicable

3a. Date of Last Report 02/14/1996

City & State CLEARWATER, FL

2575 25 INSUAS 29 8 4 6 7 6. Name and Address of Current Registered Agent

Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, ☐ Yes 🗷 No

FILED

Apr 09 1997 8:00am

Secretary of State

 	Otorior O			
 10. Name	and Address	of New	Registere	d Age

DENNARD, MERLE T 1545 OAK LANE **CLEARWATER FL 33546**

81	Name (D.O. Doublington in Not Accordable)		
83	Street Address (P.O. Box Number is Not Acceptable)		
84	City	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

agent. I ar	n familiar with, and accept the obligations of	, Section 617.0503, Flo	orida Statutes				108.010.00
SIGNATURE _	Stanature, typed or printed name of registered agent and title	II applicable (NOT	E: Rogistered Agont signature	o regulared when reinstetings	DAT		
12.	OFFICERS AND DIREC		13.		GES TO OFFICERS A	<u> </u>	RS IN 12
TITLE	PD	≥ DELETE	1.1 TITLE	PD		Change	Addition
NAME	HENDERSON, MARTHA		1.2 NAME	NARGUERITA	BLACK	WOOD	
STREET ADDRESS	1348 WHISPERING PINES DR		1.3 STREET ADDRESS	1518 MEMO	ON DAKE	DRIVE	4
CITY-ST-ZIP	CLEARWATER, FL 00000		1.4 CITY-ST-ZIP	CLEARWAT	TER, FL	34674	- 457U~
TITLE	\$D	DELETE	21 TITLE	50		≥ Change	☐ Addition
NAME	HAMMOCK, MAZIE		2.2 NAME	MARIAN VO	15 TICE		
STREET ADDRESS	1962 MAGNOLIA DR		2.3 STREET ADDRESS	1912 CLEVE	LAND ST	-	
CITY-ST-ZIP	CLEARWATER, FL 00000		2 4 City-St-ZiP	CLEARWA	TER, FL	34625-	3009
TITLE	V	DELETE	31 TITLE	V		Change Change	☐ Addition
NAME	CASSELS, MARELLA		3.2 NAME	TOBIASSEN, A	MATHA	- 0-	
STREET ADDRESS	1924 NURSERY RD		3.3 STREET ADDRESS	2007 N. POI	NT HLEXI	SUR	7
CITY-ST-ZIP	CLEARWATER, FL 00000		3.4. CITY-ST-ZIP	TARPON SPRI	NGS FL	34689.	2049
TITLE	۷Ď	DELETE	4.1 TITLE	1772		Est Change	Addition
NAME	BLACKWOOD, MARGUERITE		4. 2 NAME	BLACKMON,	MARY		
STREET ADDRESS	1518 MEADOW DALE DR		4.3 STREET ADDRESS	830 5 GULF	VIOW IT	104	
CITY-ST-ZIP	CLEARWATER FL		4.4 CITY-ST-ZIP	CLEARWATER	P. FL 3	34630	
TITLE	Ť	⋈ DELETE	5.1 TITLE	7	7	Change	Addition Addition
NAME	TIMBERLAKE, RUTH		5.2 NAME	MARTHA D.	ELAND	_	
STREET ADDRESS	643 HARBOR ISLAND		5.3 STREET ADDRESS	521 HUNF	HRIES RU	フ _	
CITY-ST-ZIP	CLEARWATER FL		5.4 CITY-ST-ZIP	SAFETY	HAKBOR,		695
TITLE	VD	☐ DELETE	6.1 TITLE	VD		Change	Addition
NAME	FALCO, PATRICIA		6.2 NAME	PASSELS MI	ARELLA.	_	
STREET ADDRESS	2359 GLENMOOR ROAD N.		6.3 STREET ADDRESS	1924 NUA	SERY NU	7	

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 Blook 12 or Block 13 if changed, or on an attachment with an address.

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