


FILE NOW: FILING FEE IS \$61.25

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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 740942					
1. Corporation Name GENERAL FEDERATION OF WOMEN'S CLUBS (GFWC) FORT WALTON BEACH WOMAN'S CLUB, INC.					
Principal Place of Business BROOKS-BEAL CENTER, 100 BEAL PARKWAY, NW., P.O. BOX 783 FORT WALTON BEACH FL 32549			Mailing Address BROOKS-BEAL CENTER, 100 BEAL PARKWAY, NW., P.O. BOX 783 FORT WALTON BEACH FL 32549		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/05/1977	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-6158010	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
Country		Country		Trust Fund Contribution <input type="checkbox"/>	
24		25		29	
25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
COOKE, MURIEL 10 LAKE LORRAINE CIRCLE SHALIMAR FL 32579				81 Name Thelma C. Phillips 82 Street Address (P.O. Box Number is Not Acceptable) 9 Bayview Drive 83 84 City Shalimar FL 85 Zip Code 32579	
11. Pursuant to the provisions of Sections 617.05(2) 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 <u>Thelma C. Phillips</u> President <u>22 Apr 99</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BESTOR, IONE		1.2 NAME	Carolyn Jordan	
STREET ADDRESS	61 FERRY RD		1.3 STREET ADDRESS	141 Eldredge Road	
CITY-ST-ZIP	FT. WALTON BEACH FL		1.4 CITY-ST-ZIP	Fort Walton Beach, FL 32547	
TITLE	V	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHILLER, ROSE MARIE		2.2 NAME	Helen Gaudette	
STREET ADDRESS	6 MAGNOLIA AVE		2.3 STREET ADDRESS	907 Aloma Faye Lane	
CITY-ST-ZIP	SHALIMAR FL 32579		2.4 CITY-ST-ZIP	Fort Walton Beach, FL 32547	
TITLE	VD	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEITH, NEVA		3.2 NAME		
STREET ADDRESS	708 POWELL DR. NE		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. WALTON BEACH FL		3.4 CITY-ST-ZIP		32547
TITLE	VD	<input type="checkbox"/> DELETE	4.1 TITLE	President/Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, THELMA		4.2 NAME	Phillips, Thelma C.	
STREET ADDRESS	9 BAYVIEW DR		4.3 STREET ADDRESS	9 Bayview Drive	
CITY-ST-ZIP	SHALIMAR FL		4.4 CITY-ST-ZIP	Shalimar, FL 32579	
TITLE	SD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEHNKEN, URSIEL		5.2 NAME	Anita Osborne	
STREET ADDRESS	111 CLIFFORD DR		5.3 STREET ADDRESS	349 Kepner Drive	
CITY-ST-ZIP	SHALIMAR FL 32579		5.4 CITY-ST-ZIP	Fort Walton Beach, FL 32548	
TITLE	TD	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HASKINS, ANNE M.		6.2 NAME		
STREET ADDRESS	30 ANASTASIA DR. S.E.		6.3 STREET ADDRESS		
CITY-ST-ZIP	FT. WALTON BEACH FL		6.4 CITY-ST-ZIP		32548

14. I 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, with all other like empowered.

SIGNATURE:

ANITA OSBORNE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-99

Date

(810) 244-5973

Daytime Phone #

CR2E037 (11/98)