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FILED  
May 20 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 700372 (6)

1. Corporation Name

GFWC JUNIOR WOMAN'S CLUB OF PALATKA, INC.



Principal Place of Business

Mailing Address

% JOHN ROWE RT 5 BOX 1822  
P O BOX 1373  
PALATKA FL 32178-8373

% JOHN ROWE RT 5 BOX 1822  
P O BOX 1373  
PALATKA FL 32178-1373

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
01/28/1969

3a. Date of Last Report  
07/08/1996

4. FEI Number

51-0209964

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

ROWE, JOHN D  
HWY 19 AT SEARS PLAZA  
RT 5 BOX 1822  
PALATKA FL 32077

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 D ☐ DELETE

NAME BELLAMY, CHRISTI  
STREET ADDRESS 2016 LOCUST  
CITY-ST-ZIP PALATKA FL

TITLE DT ☐ DELETE

NAME HARE, VICKI  
STREET ADDRESS RT. 4, BOX 1810  
CITY-ST-ZIP PALATKA FL

TITLE D ☐ DELETE

NAME COYLE, JANICE  
STREET ADDRESS SKEET CLUB ROAD  
CITY-ST-ZIP PALATKA FL

TITLE D ☐ DELETE

NAME ROWE, SHEILA  
STREET ADDRESS RT 5 BOX 1822  
CITY-ST-ZIP PALATKA FL

TITLE D ☐ DELETE

NAME ARRINGTON, RITA  
STREET ADDRESS 310 ST JOHNS AVE  
CITY-ST-ZIP PALATKA FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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

CR2E037 (9/96)