


FILE NOW: FILING FEE IS \$61.25

FILED

May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **700843** (6)
1. Corporation Name
GFWC WOMAN'S CLUB OF ANNA MARIA ISLAND, INC.



Principal Place of Business 6500 FLOTILLA DR. #204 HOLMES BEACH FL 34217	Mailing Address 6500 FLOTILLA DR. #204 HOLMES BEACH FL 34217	3. Date Incorporated or Qualified 04/22/1960
		4. FEI Number 59-6134336
		Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 614 DUNDEE LN	2a. Mailing Address 26	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
City & State 23 HOLMES BEACH	City & State 28 FL	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
Zip 24 34217	Country 25	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
Country 29	Country 30	

9. Name and Address of Current Registered Agent THOMPSON, MARGUERITE D 6500 FLOTILLA DR. #204 HOLMES BEACH FL 34217		10. Name and Address of New Registered Agent 81 Name DOLORES HARRELL 82 Street Address (P.O. Box Number is Not Acceptable) 614 DUNDEE LANE 83 84 City HOLMES BEACH FL 85 Zip Code 34217	
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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 Dolores Harrell DATE 4-16-98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input checked="" type="checkbox"/> DELETE WILKINSON, MAGGI 111 GULL DR. ANNA MARIA FL 34216	1.1 TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VD	<input checked="" type="checkbox"/> DELETE HARRELL, DOLORES 614 DUNDEE LN. HOLMES BCH FL 34217	1.2 NAME SANDERS, LINDA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS VD	<input checked="" type="checkbox"/> DELETE ART, MARGARET 605 NANTHOLE LANE HOLMES BCH FL 34217	1.3 STREET ADDRESS 2403 AV. B	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP SD	<input checked="" type="checkbox"/> DELETE SUMNER, WILFRED 114 SHELL DR. HOLMES BCH FL 34217	1.4 CITY-ST-ZIP BRADENTON BCH, FL 34217	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE CS	<input checked="" type="checkbox"/> DELETE SEEWALD, PRISCILLA 620 EMERALD LN. HOLMES BCH FL 34217	2.1 TITLE 2ND VICE PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME T	<input checked="" type="checkbox"/> DELETE THOMPSON, MARGUERITE D 6500 FLOTILLA DR. #204 HOLMES BEACH FL 34217	2.2 NAME GELDERMAN, FLORENCE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS SD	<input checked="" type="checkbox"/> DELETE SUMNER, WILFRED 114 SHELL DR. HOLMES BCH FL 34217	2.3 STREET ADDRESS 509 74TH ST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP CS	<input checked="" type="checkbox"/> DELETE SEEWALD, PRISCILLA 620 EMERALD LN. HOLMES BCH FL 34217	2.4 CITY-ST-ZIP HOLMES BCH, FL 34217	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD	<input checked="" type="checkbox"/> DELETE SUMNER, WILFRED 114 SHELL DR. HOLMES BCH FL 34217	3.1 TITLE RECORDING SEC'y	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CS	<input checked="" type="checkbox"/> DELETE SEEWALD, PRISCILLA 620 EMERALD LN. HOLMES BCH FL 34217	3.2 NAME REED, ALICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS T	<input checked="" type="checkbox"/> DELETE THOMPSON, MARGUERITE D 6500 FLOTILLA DR. #204 HOLMES BEACH FL 34217	3.3 STREET ADDRESS 614 GLADSTONE LANE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP CS	<input checked="" type="checkbox"/> DELETE SEEWALD, PRISCILLA 620 EMERALD LN. HOLMES BCH FL 34217	3.4 CITY-ST-ZIP HOLMES BCH, FL 34217	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T	<input checked="" type="checkbox"/> DELETE THOMPSON, MARGUERITE D 6500 FLOTILLA DR. #204 HOLMES BEACH FL 34217	4.1 TITLE CORREC. SEC'y	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME T	<input checked="" type="checkbox"/> DELETE THOMPSON, MARGUERITE D 6500 FLOTILLA DR. #204 HOLMES BEACH FL 34217	4.2 NAME LAWTON, ERNESTINE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS T	<input checked="" type="checkbox"/> DELETE THOMPSON, MARGUERITE D 6500 FLOTILLA DR. #204 HOLMES BEACH FL 34217	4.3 STREET ADDRESS 611 EMERALD LANE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP T	<input checked="" type="checkbox"/> DELETE THOMPSON, MARGUERITE D 6500 FLOTILLA DR. #204 HOLMES BEACH FL 34217	4.4 CITY-ST-ZIP HOLMES BCH, FL 34217	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T	<input checked="" type="checkbox"/> DELETE THOMPSON, MARGUERITE D 6500 FLOTILLA DR. #204 HOLMES BEACH FL 34217	5.1 TITLE TREAS.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME T	<input checked="" type="checkbox"/> DELETE THOMPSON, MARGUERITE D 6500 FLOTILLA DR. #204 HOLMES BEACH FL 34217	5.2 NAME DOLORES HARRELL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS T	<input checked="" type="checkbox"/> DELETE THOMPSON, MARGUERITE D 6500 FLOTILLA DR. #204 HOLMES BEACH FL 34217	5.3 STREET ADDRESS 614 DUNDEE LANE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP T	<input checked="" type="checkbox"/> DELETE THOMPSON, MARGUERITE D 6500 FLOTILLA DR. #204 HOLMES BEACH FL 34217	5.4 CITY-ST-ZIP HOLMES BCH, FL 34217	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: Dolores Harrell DOLORES HARRELL 4-16-98 (941) 778-3959

CR2E037 (10/97)