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Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90163 020 \*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 700843

1. Corporation Name

GFWC WOMAN'S CLUB OF ANNA MARIA ISLAND, INC.

Principal Place of Business

614 DUNDEE LN  
#204  
HOLMES BCH FL 34217  
US

Mailing Address

6500 FLOTILLA DR.  
#204  
HOLMES BEACH FL 34217



2. Principal Place of Business

21 614 DUNDEE LN.

Suite, Apt. #, etc.

22

City & State

23 HOLMES BCH, FL

Zip

Country

24 34217

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

04/22/1960

4. FEI Number

59-6134336

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

9. Name and Address of Current Registered Agent

HARRELL, D  
614 DUNDEE LN  
HOLMES BEACH FL 34217

10. Name and Address of New Registered Agent

81

Name

82

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

83

84

City

FL

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 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 *Dale H. Harrell*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-16-99

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDERS, L	1.2 NAME	
STREET ADDRESS	2403 AVE	1.3 STREET ADDRESS	P.O. Box 163
CITY-ST-ZIP	BRADENTON BCH FL 34217	1.4 CITY-ST-ZIP	
TITLE	VPO <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GELDERMAN, F	2.2 NAME	
STREET ADDRESS	509 74TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLMES BCH FL 34217	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, A	3.2 NAME	
STREET ADDRESS	614 GLADSTONE LN	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLMES BCH FL 34217	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWTON, E	4.2 NAME	CS
STREET ADDRESS	611 EMERALD LN	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOLMES BCH FL 34217	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRELL, D	5.2 NAME	
STREET ADDRESS	614 DUNDEE LN	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOLMES BEACH FL 34217	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Dale H. Harrell* SIGNATURE REQUIRED/HARRELL

2-16-99 (941) 778-3959

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)