FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

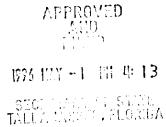
DIVISION OF CORPORATIONS

DOCUMENT # 701085

(3)

THE GAINESVILLE WOMAN'S CLUB, INC.

Principal Place of Business Mailing Address





2809 WEST	UNIVERSITY E FL 32607	AVE.		2009 WEST UNIVERSITY AVE. GAINESVILLE FL 32607				:						
								3.	Date Incorpora 06/16/1	ated or Qualified	3a. C	Date of Last	'	
2. Principal Place of Business				2a. Mailing Address				4.	FEI Number		I		Applied For	\dashv
Suite, Apt.	# oto		26	. 					59-0799924 Not Appli				Not Applicab	ie
22				Suite, Apt. #, etc. 27				5.	Certificate of S	tatus Desired			5 Additional Required	
City & State				City & State				6.	Election Camp		П	\$5.0	0 May Be	
Zip Country			28	Zip Country					Added to Fees					
24 25			29	<u> </u>				8.	8. This corporation has liability for intangible tax under s. 199.032,					
	9. Name	and Address o		Registered Agent			10	Florida Statutes Yes No 10. Name and Address of New Registered Agent						
						81	Name		e H. Lit		ofisies en	Agent		\dashv
UTTLE	ROLAINE				į									
2904 NE 12 ST						82	Street	t Address (P.	O. Box Number	is Not Acceptab	le)			
	MLLE FL 3	2600				83		0004					·	
						┞		2904 N	. E. 12t	h Street				
						84	City	Gaines	w111.			85 Zi	p Code	\neg
11. Pursuant	to the provisi	ons of Sections (617,0502 and 617,1 e of Florida, Such ch s of Section 617,050	508, Florida Statu	tes, the abo	LL ve∙na	med co	corporation su	ubmits this state	ment for hand	2000 0176	ennimorale	2009	_
			e of Florida. Such ch s of, Section 617.050			corpor	ration's	s board of dir	rectors. I hereby	accept the appoi	inflicent as	legicli ed	agant I am	20
SIGNATURE					.					******E	1.25	米米市第3	* 61.25	-
	Signature, lyped		stered agent and title if appl-		OTE. Registered	Agent s	signature r	required when rei	instating)		DATE		·	-
12.	T	OFFIC	ERS AND DIRECTO		13.				ADDITIONS/CH	IANGES 10 OFFI	CERS AND	D DIRECTO	DRS IN 12	၂!
NAME	D			DELETE	1.1 7)7			D				Change	☐ Addition	
		MURIEL			1 2 NA				e, Rolai					
STREET ADDRESS		V 4TH PL					DDRESS	2904 1	N. E. 12	th Street	:			
CITY-ST-ZIP TITLE	GAINES'	VILLE PL		DELETE		TY-51-	ZIP	Gaines	sville,	FL 32609		<u> </u>		1
NAME	MELTON	FOVE		Morreit	2.1 TiT			T D MacDo	nald, Sa	rob		Change	Addition	_ °
STREET ADDRESS	6503 SV	I, EDYTHE			2 2 NA					••				
CITY-ST-ZIP	GAINES				. I		DORESS		N. E. 8t					
TITLE	D	VILLE I'L		DELEIL	2 4 CI	TY-S1-	ZIP	Gaines	sville,	FL 32609				_
NAME	-	ELL, VIRGINIA			3.2 NA			,	ID MAGN			Change	Addition	Ì
STREET ADDRESS		33RD PALCE	:			REET AC	JUBEGG	4200 N	I. W. 771	t h Terrac	۵			
CITY-ST-ZIP	GAINES					TY-ST-	- 1	Gaines	ville, i	L 32606	_			
TITLE	Р			DELETE	4.1 TIT		211	PD				Change	Addition	\dashv
NAME	LITTLE, I	ROLAINE			4 2 NA		ł	1 -	Sarah			onange	AQUIRON	
STREET ADDRESS	2904 NE	12TH ST			43 ST	REET AD	DRESS			d Terrace				
CITY-ST-ZIP	GAINES	ILLE FL			4 4 CIT	Y-ST-2	ZIP	Coince	ville, l	r secrace				
▶ TLE	٧			DELETE	5 1 TIT	LE		VP	• ••••	: 	7	Change	Addition	\dashv
NAME	Brown,	SARAH			5 2 NA	ME		Ward.	Geraldi	ie	-	-	_	-
STREET ADDRESS		42ND TERR			5 3 STF	REET AD	DRESS	1921 N	I. W. 231	d Street				
CITY-ST-ZIP	GAINES	ALLE FL				Y-ST-Z	ZIP			L 32605				
TITLE	VP			DELETE	6 1 TIT		Ī	VP			1	Change	☐ Addition	┨
NAME	CLINE, L				62 NAI		ļ	Whitne	y, Pat				<i>-(1)</i>	, h
STREET ADDRESS	23355 21				6.3 STR	REET AD	DRESS	2016 N	. W. 18t	h Lane			16/1/A	ļΨ
CITY-ST-ZIP	GAINESV	LLE FL	innlied with this flis.	- 11 -1 -1	6 4 CIT	Y-ST-Z	מוס			7. 32605			_ 6/M	

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 1907(3)(k). Florida Statutes. I further cath; 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: Colana PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

April 30, 1996

(352) 372-2112