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Feb 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **701085** **(3)**

1. Corporation Name

THE GAINESVILLE WOMAN'S CLUB, INC.

Principal Place of Business	Mailing Address
2809 WEST UNIVERSITY AVE. GAINESVILLE FL 32607	2809 WEST UNIVERSITY AVE. GAINESVILLE FL 32607-2533

3. Date Incorporated or Qualified: **06/16/1960**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business — 21
Suite, Apt #, etc. — 22
City & State — 23
Zip — 24 | Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 | Country — 30

4. FEI Number: **59-0799924** ☐ 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

9. Name and Address of Current Registered Agent

LITTLE, ROLAINE H
2904 N.E. 12TH STREET
GAINESVILLE FL 32609

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LITTLE, ROLAINE		1.2 NAME	
STREET ADDRESS	2904 N.E. 12TH STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32609		1.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MACDONALD, SARAH		2.2 NAME	
STREET ADDRESS	1834 N.E. 8TH STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32609		2.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SHEPARD, NAOMI		3.2 NAME	
STREET ADDRESS	4200 N.W. 77TH TERRACE		3.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32606		3.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, SARAH		4.2 NAME	
STREET ADDRESS	7915 S.W. 42ND TERRACE		4.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32608		4.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	WARD, GERALDINE		5.2 NAME	
STREET ADDRESS	1921 N.W. 23RD STREET		5.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32605		5.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	WHITNEY, PAT		6.2 NAME	
STREET ADDRESS	2016 N.W. 18TH LANE		6.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32605		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

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.

SIGNATURE: Sarah MacDonald Sarah MacDonald 2-20-97 352 376-3901
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #0011085