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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 701085

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	06/16/1960
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0799924 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 Rolaine H Little (Rolaine H. Little) 1-15-1999
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	REED-HILL, LOIS		2.2 NAME	
STREET ADDRESS	11100 NW 11TH AVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32606		2.4 CITY-ST-ZIP	
TITLE	VP	☒ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	KIMBALL, MIRIAM		3.2 NAME	VP Whitney, Patricia
STREET ADDRESS	RT 1 BOX 460		3.3 STREET ADDRESS	2016 NW 18 Lane
CITY-ST-ZIP	MICANOPY FL 32667		3.4 CITY-ST-ZIP	Gainesville, FL 32605
TITLE	PD	☒ DELETE	4.1 TITLE	☒ Change ☐ Addition
NAME	BROWN, SARAH		4.2 NAME	PD Ward, Geraldine
STREET ADDRESS	7915 S.W. 42ND TERRACE		4.3 STREET ADDRESS	1921 NW 23 Street
CITY-ST-ZIP	GAINESVILLE FL 32608		4.4 CITY-ST-ZIP	Gainesville, FL 32605
TITLE	VP	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	EVANS, MAJORIE		5.2 NAME	
STREET ADDRESS	9426 NW 27TH PLACE		5.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32606		5.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	CONSBRUCK, BETTY		6.2 NAME	
STREET ADDRESS	4826 NW 18TH PLACE		6.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32605		6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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: SIGNATURE REQUIRED 2/15/99 Lois Reed-Hill 352-332-1091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #