

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 # 702136 (3)
1. Corporation Name
GFWC - OVIEDO WOMAN'S CLUB INCORPORATED



Principal Place of Business
**414 KINGS STREET
P.O. BOX 522
OVIEDO FL 32765**

Mailing Address
**414 KINGS STREET
P.O. BOX 522
OVIEDO FL 32765**

2. Principal Place of Business
21 414 King Street
Suite, Apt. #, etc.
22 P.O. Box 620522
City & State
23 Oviedo, Florida
Zip Country
24 32762-0522 25 USA

2a. Mailing Address
26 414 King Street
Suite, Apt. #, etc.
27 P.O. Box 620522
City & State
28 Oviedo, Florida
Zip Country
29 32762-0522 30 USA

3. Date Incorporated or Qualified
03/13/1961

3a. Date of Last Report
04/24/1995

4. FEI Number
59-6152458

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

**JORDAN, MRS. H.D.
106 SHADY OAK LANE
OVIEDO FL 32765**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **DENNING, JANE**
STREET ADDRESS **1116 GROVELAND DR**
CITY-ST-ZIP **CHULUOTA FL**

TITLE **PED** ☐ DELETE
NAME **FOLEY, JANET**
STREET ADDRESS **268 MAPLE COURT**
CITY-ST-ZIP **OVIEDO FL**

TITLE **TD** ☐ DELETE
NAME **GILL, NANCY L. M**
STREET ADDRESS **1112 GROVELAND DR.**
CITY-ST-ZIP **CHULOUTA FL**

TITLE **VD** ☒ DELETE
NAME **ELY, DORIS**
STREET ADDRESS **756 ANDOVER CIR**
CITY-ST-ZIP **WINTER SPRINGS FL**

TITLE **VD** ☐ DELETE
NAME **PARTIN, MARGUERITE**
STREET ADDRESS **670 PALM DRIVE**
CITY-ST-ZIP **OVIEDO, FL 00000**

TITLE **S** ☐ DELETE
NAME **MURPHY, JOAN**
STREET ADDRESS **3625 LAKE DRAWDY DRIVE**
CITY-ST-ZIP **ORLANDO FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **Franklin, Lorrie**
4.3 STREET ADDRESS **3470 Harrow Lane**
4.4 CITY-ST-ZIP **Oviedo, Florida 32765**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 **Nancy L. Gill, Treasurer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/96 (407) 365-5793

Date

Daytime Phone #

CR2E037 (12/95)