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NONPROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARIMENT OF STATE

Sandra B. Mortham 💰

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

702136

(3)

GFWC - OVIEDO WOMAN'S CLUB INCORPORATED

Principal Place of Business Mailing Address 414 KINGS STREET 414 KINGS STREET P.O. BOX 820522 P.O. BOX 620522 OVIEDO FL 32762-0522 OVIEDO FL 32762-0522 3. Date Incorporated or Qualified 03/13/1961 02/19/1996 4. FEI Number 59-6152458 2. Principal Place of Business 2a. Mailing Address Applied For 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing П 23 Trust Fund Contribution Added to Fees Country Country Zip Zip 8. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes Yes Yo 24 29 25 30 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name JORDAN, MRS. H.D. 82 Street Address (P.O. Box Number is Not Acceptable) 106 SHADY OAK LANE 83 OVIEDO FL 32765 84 City 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. President DELETE **X** Change 1.1 TITLE TITLE Rolex Janet **DENNING, JANE** NAME 1.2 NAME 268 maple Court 1116 GROVELAND DR STREET ADDRESS 1.3 STREET ADDRESS OVIEDO, PL 32765 President-Elect CHULUOTA FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change . Addition TITLE PED 2.1 TITLE Lorrie Franklin FOLEY, JANET NAME 22 NAME 3470 Harrow Lane **268 MAPLE COURT** STREET ADDRESS 2.3 STREET ADDRESS OUIGOO PL32760 OVIEDO FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Addition TITLE 3.1 TITLE Treasurer CYNTHIA R. AIR 2180 FIRESTONE CT GILL, NANCY L. M 3.2 NAME NAME 1112 GROVELAND DR. STREET ADDRESS 3.3 STREET ADDRESS **OHULOUTA FL** OVIBDO FL 32765 CITY-ST-ZIP 3.4. CITY-ST-ZIP Trustee Tombre Change Addition TITLE 4.5 TITLE Kanis tras Sandra 605 E. Chapman Rd FRANKLIN, LORRIE Kaniotrus, Sandru 4. 2 NAME NAME 3470 HARROW LANE 605 E. Chapman Road 4.3 STREET ADDRESS STREET ADDRESS DUIEDO, PL 32765 OVIEDO PL OVIEDO, PL32765 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE TITLE 5.1 TITLE Truster Change Addition partin manquerite NAME PARTIN, MARGUERITE 5.2 NAME **670 PALM DRIVE** 5.3 STREET ADDRESS STREET ADDRESS OVIEDO, FL 00000 5 4 CITY-ST-ZIP OUIGOO, FL 32765 CITY-ST-ZIP DELETE Change Addition 61 TITLE TITLE Trustee T Shaffer, Barbara Girde MURPHY, JOAN- Shaffer Barbara NAME 6.3 STREET ADDRESS 3025 LAKE DRAWDY DRIVE-6625 Lake Charm Ci STREET ADDRESS

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.

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FILED

Jun 12 1997 8:00am

Secretary of State