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Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **702136** (3)

1. Corporation Name

GWFC - OVIEDO WOMAN'S CLUB INCORPORATED

Principal Place of Business

Mailing Address

**414 KINGS STREET
P.O. BOX 620522
OVIEDO FL 32762-0522
US**

**414 KINGS STREET
P.O. BOX 620522
OVIEDO FL 32762-0522
US**

3. Date Incorporated or Qualified

03/13/1961

4. FEI Number

59-6152458

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21
Suite, Apt. #, etc.

26
Suite, Apt. #, etc.

22
City & State

27
City & State

23
Zip

Country

28
Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

TITLE **PE** ☐ DELETE
NAME **FRANKLIN, LORRIE**
STREET ADDRESS **3470 HARROW LANE**
CITY-ST-ZIP **OVIEDO FL**

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

TITLE **T** ☒ DELETE
NAME **AIR, CYNTHIA R**
STREET ADDRESS **2180 FIRESTONE CT**
CITY-ST-ZIP **OVIEDO FL**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **SPRATT, BETTIE P.**
3.3 STREET ADDRESS **346 MEAD DRIVE**
3.4 CITY-ST-ZIP **OVIEDO, FL 32765**

TITLE **T** ☐ DELETE
NAME **KANIOTRAS, SANDRA**
STREET ADDRESS **605 E CHAPMAN RD**
CITY-ST-ZIP **OVIEDO FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

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

TITLE **T** ☐ DELETE
NAME **SHAFFER, BARBARA**
STREET ADDRESS **6035 LAKE CHARM CIR**
CITY-ST-ZIP **OVIEDO FL**

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

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.

SIGNATURE: **Janet Foley Janet Foley**

3/27/98 365-6859

CR2E037 (10/97)