

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90020 049 \*\*\*\*61.25

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**DOCUMENT # 702136**

1. Corporation Name

**GFWC - OVIEDO WOMAN'S CLUB INCORPORATED**

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

**03/13/1961**

4. FEI Number

**59-6152458**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

JORDAN, MRS. H.D.  
106 SHADY OAK LANE  
OVIEDO FL 32765  
*MRS. MARQUEARTE PARTIN*  
*P.O. Box 620266*  
*670 Palm Drive*  
*Oviedo, FL 32762-0266*

10. Name and Address of New Registered Agent

81

Name

*Mrs. Marquerite Partin*

82

Street Address (P.O. Box Number is Not Acceptable)

*P.O. Box 620266*

83

City

*670 Palm Drive*

84

State

*Oviedo*

FL

Zip Code

*32762*

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

*Marquerite Partin*  
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 **FOLEY, JANET**  
STREET ADDRESS **268 MAPLE COURT**  
CITY-ST-ZIP **OVIEDO FL**

TITLE **PE** ☒ DELETE

NAME **FRANKLIN, LORRIE**  
STREET ADDRESS **3470 HAWTHORNE LANE**  
CITY-ST-ZIP **OVIEDO FL**

TITLE **T** ☐ DELETE

NAME **SPRATT, BETTIE P**  
STREET ADDRESS **346 MEAD DR**  
CITY-ST-ZIP **OVIEDO FL 32765**

TITLE **T** ☐ DELETE

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

TITLE **T** ☐ DELETE

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

TITLE **T** ☐ DELETE

NAME **SHAFFER, BARBARA**  
STREET ADDRESS **6035 LAKE CHARM CIR**  
CITY-ST-ZIP **OVIEDO 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

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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

*STACY CARDEN*  
*1745 Olde River Trail*  
*Chuluota, FL 32766*

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:

*Bettie Spratt*  
**BETTIE SPRATT REQUIRED**

*1/22/99*  
Date

*407-365-3814*  
Daytime Phone #

CR2E037 (11/98)