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Jun 17 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 703666 (8)

1. Corporation Name

GFWC ORLANDO JUNIOR WOMAN'S CLUB, INC.

Principal Place of Business

Mailing Address

PHILANTHROPIC FUND INC  
601 EAST LIVINGSTON STREET--  
ORLANDO FL 32803

P.O. BOX 560251  
ORLANDO FL 32856-0251  
US

2. Principal Place of Business

2a. Mailing Address

21 Philanthropic Fund Inc

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 992 Stonewood Lane

27

City & State

City & State

23 Marland, FL

28

Zip

Country

Zip

Country

24 32751

25

USA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EFFRON, RHONDA  
5106 LEEWARD WAY  
ORLANDO FL 32809

81 Name

MICHELLE M MUROSKE

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

3815 LAGUNA DRIVE

83

84 City

ORLANDO

FL

85 Zip Code  
32805

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

*Michelle M. Muroski* MICHELLE M MUROSKE

6/11/97

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 PD ☒ DELETE

NAME EFFRON, RHONDA  
STREET ADDRESS 5106 LEEWARD WAY  
CITY-ST-ZIP ORLANDO FL

1.1 TITLE PRESIDENT/DIRECTOR ☒ Change ☐ Addition

1.2 NAME KYM SMITH  
1.3 STREET ADDRESS 2710 E. GORE STREET  
1.4 CITY-ST-ZIP ORLANDO, FL 32806

TITLE VD ☒ DELETE

NAME WILER, KIM  
STREET ADDRESS 2526 CARTER GROVE CR.  
CITY-ST-ZIP WINDERMERE FL

2.1 TITLE VICE PRESIDENT 1ST/DIRECTOR ☒ Change ☐ Addition

2.2 NAME BETH WRIGHT  
2.3 STREET ADDRESS 604 JAMESTOWN DR., APT. E  
2.4 CITY-ST-ZIP ORLANDO, FL 32828

TITLE TD ☒ DELETE

NAME DEUTCHMAN, JANE  
STREET ADDRESS 5104 JEANNINE T  
CITY-ST-ZIP ORLANDO FL

3.1 TITLE TREASURER/DIRECTOR ☒ Change ☐ Addition

3.2 NAME MICHELLE M. MUROSKE  
3.3 STREET ADDRESS 3815 LAGUNA DRIVE  
3.4 CITY-ST-ZIP ORLANDO, FL 32805

TITLE ☒ DELETE

NAME ☐ Change ☒ Addition  
STREET ADDRESS 627 MAYFAIR DRIVE  
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701

TITLE ☐ DELETE

NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME ☐ Change ☐ Addition  
STREET ADDRESS 800002215328  
CITY-ST-ZIP -06/18/97--01008--030  
\*\*\*61.25 6/17/97

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, or on an attachment with an address.

CR2E037 (9/96)