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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 703666

1. Corporation Name

GFWC ORLANDO JUNIOR WOMAN'S CLUB, INC.

561000 - 90078 - 17

Principal Place of Business	Mailing Address
PHILANTHROPIC FUND INC 992 STONEWOOD LANE MAITLAND FL 32751	P.O. BOX 560251 ORLANDO FL 32856 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 03/02/1962
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

MUROWSKI, MICHELLE M
4924 HOOK HOLLOW CIRCLE
ORLANDO FL 32837

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	Beverly Nielsen - President	☒ Change ☒ Addition
NAME	SMITH, KYM		1.2 NAME		
STREET ADDRESS	1026 MONTCALM ST		1.3 STREET ADDRESS	239 Dempsey Way	D
CITY-ST-ZIP	ORLANDO FL 32806		1.4 CITY-ST-ZIP	Orlando, FL 32835	
TITLE	VPD	☒ DELETE	2.1 TITLE	V	☐ Change ☒ Addition
NAME	WRIGHT, BETH		2.2 NAME	Stephanie Storey	
STREET ADDRESS	370 LAKE ONTARIO COURT, #201		2.3 STREET ADDRESS	6131 Westgate Dr. #1102	D
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701		2.4 CITY-ST-ZIP	Orlando, FL 32835	
TITLE	TD	☐ DELETE	3.1 TITLE	Asst Treasurer	☐ Change ☒ Addition
NAME	MUROWSKI, MICHELLE M		3.2 NAME	Marcia Devor	
STREET ADDRESS	4924 HOOK HOLLOW CIR		3.3 STREET ADDRESS	4580 Lake Holden Hills	D
CITY-ST-ZIP	ORLANDO FL 32837		3.4 CITY-ST-ZIP	Orlando, FL 32839	
TITLE	ATD	☐ DELETE	4.1 TITLE	P	☒ Change ☐ Addition
NAME	NIELSEN, BEVERLY		4.2 NAME	Beverly Nielsen	
STREET ADDRESS	239 DEMPSEY WAY		4.3 STREET ADDRESS	239 Dempsey Way	
CITY-ST-ZIP	ORLANDO FL 32835		4.4 CITY-ST-ZIP	Orlando, FL 32835	
TITLE		☐ DELETE	5.1 TITLE	Asst. T	☐ Change ☒ Addition
NAME			5.2 NAME	Marcia Devor	
STREET ADDRESS			5.3 STREET ADDRESS	4580 Lake Holden Hills	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Orlando, FL 32839	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: Beverly Nielsen EQ Beverly Nielsen 5/1/99 401-857-1714
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #