

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 03 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 # **711442** (4)

1. Corporation Name

GWFC CHARLOTTE COUNTY JUNIORS, INC.

Principal Place of Business

Mailing Address

P.O. BOX 2842
PORT CHARLOTTE FL 33949-2842

P.O. BOX 2842
PORT CHARLOTTE FL 33949-2842

3. Date Incorporated or Qualified

09/06/1966

4. FEI Number

71-4421806

Applied For

Not Applicable

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

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MORARIS, DENISE A
806 ELLICOTT CIRCLE
PORT CHARLOTTE FL 33952

10. Name and Address of New Registered Agent

81 Name

Susan D Powers

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

5475 GROVEWOOD CR

83

84 City

Punta Gorda

FL

85 Zip Code

33982

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

Susan D Powers

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8-16-98

DATE

12. OFFICERS AND DIRECTORS

TITLE **SD** ☐ DELETE

NAME **THORNBURGH, SANDRA**

STREET ADDRESS **1307 ONYX ST**

CITY-ST-ZIP **PORT CHARLOTTE FL 33980**

TITLE **VD** ☒ DELETE

NAME **MARRYOTT, MARY**

STREET ADDRESS **4201 ROCK CREEK CIR.**

CITY-ST-ZIP **PT. CHARLOTTE FL 33948**

TITLE **VD** ☐ DELETE

NAME **MORARIS, DENISE**

STREET ADDRESS **806 ELLICOTT CIRCLE**

CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

TITLE **VD** ☐ DELETE

NAME **POWERS, SUSAN**

STREET ADDRESS **1307 ONYX ST**

CITY-ST-ZIP **PUNTA GORDA FL**

TITLE **STD** ☐ DELETE

NAME **BUTWELL, BRENDA**

STREET ADDRESS **3415 GROVEWOOD CIRCLE**

CITY-ST-ZIP **PUNT GORDA FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

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:

Susan D Powers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-16-98

Date

Daytime Phone #

CR2E037 (5/98)