

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 716561 (6)

1. Corporation Name

GFWC-JUNIOR WOMAN'S CLUB OF LIVE OAK, FLORIDA, I
NC.



Principal Place of Business

Mailing Address

NEWBORN ROAD
P.O. BOX 103
LIVE OAK FL 32060

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P.O. BOX 103
LIVE OAK FL 32060

3. Date Incorporated or Qualified
06/15/1969

3a. Date of Last Report
02/23/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-6202275

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BREWER, CASSIE
RT 6 BOXN 100C
LIVE OAK FL 32060

81 Name

Mae Daniel

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

214 Helvenston St

83

84

City Live Oak

FL

85 Zip Code

32060

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 617.0504, Florida Statutes.

SIGNATURE

Mae Daniel

4-17-96

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	TD	<input checked="" type="checkbox"/> DELETE
NAME	CHESHIRE, JOHN	
STREET ADDRESS	RT 6 BOX 647	
CITY - ST - ZIP	LIVE OAK FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	PITTMAN, CINDY	
STREET ADDRESS	RT 1 BOX 1035	
CITY - ST - ZIP	LIVE OAK FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BREWER, CASIE	
STREET ADDRESS	RT 6 BOX 100C	
CITY - ST - ZIP	LIVE OAK FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	JENKINS, TRESA	
STREET ADDRESS	RT 1 BOX 429	
CITY - ST - ZIP	LIVE OAK FL	
TITLE	SCD	<input checked="" type="checkbox"/> DELETE
NAME	DRIVER, NATALIE	
STREET ADDRESS	RT 5 BOX 107	
CITY - ST - ZIP	LIVE OAK FL	
TITLE	SRD	<input checked="" type="checkbox"/> DELETE
NAME	JENKINS, TSHA	
STREET ADDRESS	RT 1 BOX 429	
CITY - ST - ZIP	LIVE OAK FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Mae Daniel	
1.3 STREET ADDRESS	214 Helvenston St.	
1.4 CITY - ST - ZIP	Live Oak FL 32060	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Cindy Pittman	
2.3 STREET ADDRESS	Rt. 1 Box 1035	
2.4 CITY - ST - ZIP	Live Oak FL 32060	
3.1 TITLE	VD - 1st - VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Tresa Jenkins	
3.3 STREET ADDRESS	Rt. 1 Box 429	
3.4 CITY - ST - ZIP	Live Oak, FL 32060	
4.1 TITLE	VD - 2nd - VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Debbie Harris	
4.3 STREET ADDRESS	Rt. 1 Box 678	
4.4 CITY - ST - ZIP	Live Oak, FL 32060	
5.1 TITLE	SRD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Mariann Reilly	
5.3 STREET ADDRESS	6807 17th Drive	
5.4 CITY - ST - ZIP	Live Oak, FL 32060	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Mae Daniel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-96 904 364-2650

Date

Daytime Phone #

CR2E037 (12/95)