

FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mathis
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 32060NEWBORN ROAD
P.O. BOX 103
LIVE OAK FL 32060-01033. Date Incorporated or Qualified
06/15/19693a. Date of Last Report
04/24/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

59-6202275

Applied For

Not Applicable

6. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. 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

MAE DANIEL
214 HELVENSTON ST
LIVE OAK FL 32060

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

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

(NOTE: Registered Agent signature required when reinstating)

4-3-97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TO ☐ DELETE
NAME MAE DANIEL
STREET ADDRESS 214 HELVENSTON ST
CITY-ST-ZIP LIVE OAK FLTITLE PD ☐ DELETE
NAME CINDY RITTMAN
STREET ADDRESS RT 1 BOX 1035
CITY-ST-ZIP LIVE OAK FLTITLE VU ☐ DELETE
NAME TRESKA JENKINS
STREET ADDRESS RT 1 BOX 420
CITY-ST-ZIP LIVE OAK FLTITLE VD ☐ DELETE
NAME RT 6 BOX 678
STREET ADDRESS RT 1 BOX 420
CITY-ST-ZIP LIVE OAK FLTITLE SRD ☐ DELETE
NAME MARIANN REILLY
STREET ADDRESS 6807 177TH DR
CITY-ST-ZIP LIVE OAK FLTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP1.1 TITLE - PD ☒ Change ☐ Addition
1.2 NAME Treasca Jenkins
1.3 STREET ADDRESS 4087-141 Rd,
1.4 CITY-ST-ZIP Live Oak, FL 320602.1 TITLE 1st Vice-President ☐ Change ☒ Addition
2.2 NAME Debbie Harris
2.3 STREET ADDRESS 9008-141 Drive
2.4 CITY-ST-ZIP Live Oak, FL 320603.1 TITLE 2nd Vice-President ☐ Change ☒ Addition
3.2 NAME Cassie Hart
3.3 STREET ADDRESS 9089-139 Court
3.4 CITY-ST-ZIP Live Oak, FL 320604.1 TITLE Secretary ☐ Change ☒ Addition
4.2 NAME Frankie Allen
4.3 STREET ADDRESS 7079 County Rd 249
4.4 CITY-ST-ZIP Live Oak, FL 320605.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP200002197112
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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 if changed, or on an attachment with an address.

SIGNATURE: MAE DANIEL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0000722

CR2E037 (9/96)