

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra M. Northam Secretary of State DIVISION OF CORPORATIONS
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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

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

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

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/15/1969

4. FEI Number

59-6202275

Applied For

Not Applicable

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

10. Name and Address of New Registered Agent

MAE DANIEL
214 HELVENSTON ST
LIVE OAK FL 32060

81 Name

Donna Kish, Treas

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

895 Coliseum Ave.

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 617.0503, Florida Statutes.

SIGNATURE

Donna Kish, Treasurer

3/23/98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

PD

NAME

JENKINS, TRESCA

STREET ADDRESS

4057-161 RD.

CITY - ST - ZIP

LIVE OAK FL 32060

TITLE

1VPD

NAME

HARRIS, DEBBIE

STREET ADDRESS

9003-141 DRIVE

CITY - ST - ZIP

LIVE OAK FL 32060

TITLE

2VPD

NAME

HART, CASSIE

STREET ADDRESS

9089-139 COURT

CITY - ST - ZIP

LIVE OAK FL 32060

TITLE

S

NAME

ALLEN, FRANKIE

STREET ADDRESS

7079 COUNTY RD 249

CITY - ST - ZIP

LIVE OAK FL 32060

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

PD

1.2 NAME

Debbie Harris

1.3 STREET ADDRESS

9003 141st Dr

1.4 CITY - ST - ZIP

Live Oak, FL 32060

2.1 TITLE

1VPD

2.2 NAME

Kathy Wood

2.3 STREET ADDRESS

8457 127th Dr.

2.4 CITY - ST - ZIP

Live Oak, FL 32060

3.1 TITLE

2VPD

3.2 NAME

Angela Allen

3.3 STREET ADDRESS

7097 CR 249

3.4 CITY - ST - ZIP

Live Oak, FL 32060

4.1 TITLE

S

4.2 NAME

Tracy Brantley

4.3 STREET ADDRESS

14564 96th Place

4.4 CITY - ST - ZIP

Live Oak, FL 32060

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

Donna Kish, President

4-2-98

904-362-3450

CR2E037 (10/97)