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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

Principal Ptace of Business	
NEWBORN ROAD	
P.O. BOX 103	
LIVE OAK FL 32060	

## FILED Mar 01, 1999 8:00 am Secretary of State

	1999		DIVISION OF	CORPORATIONS		03-01-1999	9 90019 028 ***	**61.25	
DOCUI	MENT # 71	6561							
GFWC-JUNIOR WOMAN'S CLUB OF LIVE OAK, FLORIDA, I NC.					* 5 7 57231	2 3 1 0 0 - 90012 - 14	<u>.</u>		
Principal Place	e of Business	Ň	leiling Address			•			
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2. Principal P	lace of Business	2a 26	Mailing Address			ncorporated or Qualifed 5/1969			
Suite, Apt.	#, etc.		Suite, Apt. #, etc.		-4: FEI N		5	Applied For	<u> </u>
22		27			59-6	202275		Not Applicable	
City & Stat	e	28	City & State		5. Certifo	ate of Status Desired		Additional Required	ļ
Zip	Country		Zip	Country	6. Electic	n Cempeign Financing	\$5.0	O May Be	1
24	25	29		30		und Contribution		d to Fees	4
	9. Name and Addres	se of Current Regis	stered Agent	(eal s)	10. Name	and Address of New F	tegistered Agent		┨
				81 Name	Croft.	Lisa			
Kish, Doi				82 Street	Address (P.O. Box	Number is Not Accepta	ible)		
	SEUM AVE			83	972-7	199 W OC	·	<del>- · -</del>	1
UVE UAK	FL 32060					<u> </u>		<del></del> -	1
				84 City	Live Do	k.	FL  85   3	S 2000	1
11. Pursuant	to the provisions of Secti	ions 617,0502 and 6	617.1508. Florida Statu	tes the showe-named	corporation submi	ts this statement for the	numose of changing	its registered	1
reposition						dl		namicfored	
Office or r	egistered agent, or both, in familiar with, and acce	in the State of Flore	ida. Such change was a	authorized by the corbo	oration's board of	directors. I hereby accep	it the appointment as	registered	
office or r agent. ( a	egistered agent, or both, in familiar with, and acce	in the State of Flori	ida. Such change was a f, Section 617.0503, Fig.	authorized by the corpo orida Statutes.		5 - 1	-99	registered	ا
office of t agent. I a SIGNATURE	egistered agent, or both, in familiar with, and acce Signature, typed or printed name	in the State of Flori int the obligations of of registered spent and true	ida. Such change was a f, Section 617.0503, Fk	authorized by the corpo oride Statutes. E: Regisseed Agent algorithm in	odnyad wyeu usprategal Districture production	5 - J	- 9 9	ragistared	í
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I hereby certify that the information supplied with this filing does not qualify for the examption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informational 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 prediver 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 address, with all other like empowered.

SIGNATURE: