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CORPORATION ANNUAL REPORT **1995**

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

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DIVISION OF CORPORATIONS
95 MAR 27 AM 10:45

DOCUMENT # 717959 (1)

1. Corporation Name
GAINESVILLE JUNIOR WOMEN'S CLUB, INC.

Principal Place of Business	Mailing Address
P.O. BOX 8337 GAINESVILLE FL 32605	P.O. BOX 8337 GAINESVILLE FL 32605

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/27/1970
3a. Date of Last Report: 04/04/1994
4. FEI Number: 23-7253593 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26 PO Box 140777
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip 32614-0777 / 30 Country

9. Name and Address of Current Registered Agent

HODKINSON, RICHARD D.
309 NE 1ST STREET
GAINSVILLE FL 32601

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	CAVASINNI, SUSAN	12 NAME	
STREET ADDRESS	7524 NW 37TH PL	13 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	MIRONACK, JEANNENE	22 NAME	
STREET ADDRESS	4817 NW 37TH PL	23 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	HALE, TASHIA	32 NAME	
STREET ADDRESS	3632 NW 107TH TERRACE	33 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	FARNHAM, JANEY	42 NAME	Adrienne Irigaray
STREET ADDRESS	3200 SW 8TH AVE #104	43 STREET ADDRESS	4624 SW 83rd Terrace
CITY-ST-ZIP	GAINESVILLE FL	44 CITY-ST-ZIP	Gainesville FL
TITLE	SD	51 TITLE	☐ Change ☐ Addition
NAME	HAMPTON, SANDY	52 NAME	
STREET ADDRESS	4923 NW 64TH BLVD	53 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	54 CITY-ST-ZIP	
TITLE	BMD	61 TITLE	☐ Change ☐ Addition
NAME	HOGAN, MICHELE	62 NAME	
STREET ADDRESS	4434 NW 58TH PL	63 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	64 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)(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: Adrienne E. Irigaray 3-13-95 (904) 335-8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Adrienne E. Irigaray

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