

# 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 # 717959**

**(1)**

1. Corporation Name

**GAINESVILLE JUNIOR WOMEN'S CLUB, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 6337  
GAINESVILLE FL 32606

POST OFFICE BOX 140777  
GAINESVILLE FL 32614-0777  
US



3. Date Incorporated or Qualified

**01/27/1970**

3a. Date of Last Report

**03/27/1995**

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**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME CAVASINNI, SUSAN  
STREET ADDRESS 7524 NW 37TH PL  
CITY-ST-ZIP GAINESVILLE FL

TITLE VD ☐ DELETE  
NAME MIRONACK, JEANNENE  
STREET ADDRESS 4817 NW 37TH PL  
CITY-ST-ZIP GAINESVILLE FL

TITLE VD ☐ DELETE  
NAME HALE, TASHIA  
STREET ADDRESS 3632 NW 107TH TERRACE  
CITY-ST-ZIP GAINESVILLE FL

TITLE TD ☐ DELETE  
NAME ADRIENNE IRIGARAY  
STREET ADDRESS 4824 SW 83RD TERRACE  
CITY-ST-ZIP GAINESVILLE FL

TITLE SD ☐ DELETE  
NAME HAMPTON, SANDY  
STREET ADDRESS 4923 NW 64TH BLVD  
CITY-ST-ZIP GAINESVILLE FL

TITLE BMD ☐ DELETE  
NAME HOGAN, MICHELE  
STREET ADDRESS 4434 NW 58TH PL  
CITY-ST-ZIP GAINESVILLE FL

1.1 TITLE PD ☒ Change ☐ Addition  
1.2 NAME Jeannene Mironack  
1.3 STREET ADDRESS 4817 NW 37th Pl.  
1.4 CITY-ST-ZIP Gainesville, FL 32606

2.1 TITLE VD ☒ Change ☐ Addition  
2.2 NAME Kay Q King  
2.3 STREET ADDRESS 737 NW 24th Ave  
2.4 CITY-ST-ZIP Gainesville, FL 32609

3.1 TITLE VD ☒ Change ☐ Addition  
3.2 NAME Rancee Soohoo  
3.3 STREET ADDRESS 5803 NW 34th St  
3.4 CITY-ST-ZIP Gainesville FL 32653

4.1 TITLE TD ☒ Change ☐ Addition  
4.2 NAME Anna Herkov  
4.3 STREET ADDRESS 3633 NW 84th Dr  
4.4 CITY-ST-ZIP Gainesville FL 32606

5.1 TITLE SD ☒ Change ☐ Addition  
5.2 NAME Pam Robinson  
5.3 STREET ADDRESS 2414 NW 66th Terr  
5.4 CITY-ST-ZIP Gainesville, FL 32606

6.1 TITLE Same ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96

Date

(352)373-2493

Daytime Phone #

CR2E037 (12/95)