FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 AM 9:54

DOCUMENT # 718993 (9)

1. Corporation Name

G.F.W.C. WOMAN'S CLUB OF PT. CHARLOTTE FL. INC.

Principal Place of Business	Mailing Address
2395 LAKEVIEW BOULEVARD P.O. BOX 2004 PORT CHARLOTTE FL 33948	2395 LAKEVIEW BOULEVARD P.O. BOX 2004 PORT CHARLOTTE FL 33948

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/12/1970
3a. Date of Last Report: 04/14/1994
4. FEI Number: 58-1895509 ☐ 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 — 21: same
2a. Mailing Address — 26: Same
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

9. Name and Address of Current Registered Agent

FLORENCE, JOHANNA
280 NW EDNOR ST
PT CHARLOTTE FL 33952

10. Name and Address of New Registered Agent

91 Name: NANCY OWSLEY
92 Street Address (P.O. Box Number is Not Acceptable): 2411 Lakeview blvd.
93:
94 City: Pt. Charlotte FL 85 Zip Code: 33948

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: Nancy Owsley Nancy Owsley — April 5, 1995
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	11 TITLE	☐ Change ☒ Addition — PD.
NAME	FLORENCE, JOHANNA	12 NAME	Owsley, Nancy
STREET ADDRESS	780 NW EDNOR ST	13 STREET ADDRESS	2411 Lakeview Blvd.
CITY-ST-ZIP	PT CHARLOTTE FL	14 CITY-ST-ZIP	Pt.Charlotte,fl. ##($*
TITLE	VPD	21 TITLE	☐ Change ☒ Addition — VPD.
NAME	HARRIS, RUTH	22 NAME	Piazza,Nina
STREET ADDRESS	20367 ALBURY DR.	23 STREET ADDRESS	19505 Quesada Ave.
CITY-ST-ZIP	PORT CHARLOTTE FL	24 CITY-ST-ZIP	Pt.Charlotte Fl. 33948
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	DOYLE, NORMA J	32 NAME	Same
STREET ADDRESS	4442 SWEETBAY ST.	33 STREET ADDRESS	
CITY-ST-ZIP	PT. CHARLOTTE FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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: Norma J Doyle — Norma Doyle — 4/6/95 — 625-4367
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0040003