

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

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 **2395 LAKEVIEW BOULEVARD**
P.O. BOX 2004 **P.O. BOX 2004**
PORT CHARLOTTE FL 33948 **PORT CHARLOTTE FL 33948**

3. Date Incorporated or Qualified: **08/12/1970** 3a. Date of Last Report: **04/14/1995**

2. Principal Place of Business 2a. Mailing Address
21 P.O. Box 2004 **26 P.O. Box 2004**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **27**
City & State City & State
23 Port Charlotte, Fl. **28 Port Charlotte Fl**
Zip Zip Country Country
24 33952 **25 Charlotte** **29 33952** **30 Charlotte**

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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
OWSLEY, NANCY
2411 LAKEVIEW BLVD
PT CHARLOTTE FL 33948

10. Name and Address of New Registered Agent
81 Name: SPYRIE, CATHERINE
82 Street Address (P.O. Box Number is NOT Acceptable): 21015 BAFFIN AVE
83
84 City: PORT CHARLOTTE, FL **85 Zip Code: FL 33954**

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: **CATHERINE SPYRIE** *Catherine Spyrie* **4/27/96** DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	OWSLEY, NANCY
STREET ADDRESS	2411 LAKEVIEW BLVD
CITY-ST-ZIP	PT CHARLOTTE FL
TITLE	VPD <input checked="" type="checkbox"/> DELETE
NAME	PIAZZA, NINA
STREET ADDRESS	19505 QUESADA AVE
CITY-ST-ZIP	PORT CHARLOTTE FL
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	DOYLE, NORMA J
STREET ADDRESS	4442 SWEETBAY ST.
CITY-ST-ZIP	PT. CHARLOTTE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SPYRIE, CATHERINE
1.3 STREET ADDRESS	21015 BAFFIN AVE
1.4 CITY-ST-ZIP	PORT CHARLOTTE FL 33954 <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	VPD <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WEEKS, ANNADA AVE
2.3 STREET ADDRESS	PORT CHARLOTTE, FL. 33952
2.4 CITY-ST-ZIP	
3.1 TITLE	TREAS <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CROKER, DORIS
3.3 STREET ADDRESS	25389 NARWHAL LN
3.4 CITY-ST-ZIP	PORT CHARLOTTE, FL. 33983
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	000001862520
5.3 STREET ADDRESS	-06/14/96--01071--029
5.4 CITY-ST-ZIP	***61.25
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Catherine A. Spyrie* *Catherine O. Morham* **31 May 1996**

CR2E037 (12/95)