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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 718993

1. Corporation Name

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

Principal Place of Business

PO BOX 2004
PORT CHARLOTTE FL ~~33952~~ **33949**

Mailing Address

PO BOX 2004
PORT CHARLOTTE FL ~~33952~~ **33949**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

08/12/1970

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

9. Name and Address of Current Registered Agent

**SPYRIE, CATHERINE
21015 BAFFIN AVENUE
PT CHARLOTTE FL 33954**

10. Name and Address of New Registered Agent

81 Name **MILDRED KING**
82 Street Address (P.O. Box Number is Not Acceptable)
3509 DENHAM ST
83
84 City **PORT CHARLOTTE** FL 85 Zip Code **33948**

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 **Mildred King** 1/11/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SPYRIE, CATHERINE	
STREET ADDRESS	21015 BAFFIN AVENUE	
CITY-ST-ZIP	PT CHARLOTTE FL 33954	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	CLARSON, JULIE	
STREET ADDRESS	198 NW WATERWAY DR	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PICKEN, MILDRED F.	
STREET ADDRESS	2453 IVANHOE STREET	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MILDRED KING	
1.3 STREET ADDRESS	3509 DENHAM ST	
1.4 CITY-ST-ZIP	PORT CHARLOTTE FL 33948	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	OLIVE VANDERMALE	
2.3 STREET ADDRESS	1408 SAN CRISTOBAL AVE	
2.4 CITY-ST-ZIP	PT CHARLOTTE FL 33983	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	GERALDINE FREY	
4.3 STREET ADDRESS	21225 CHATBURN AVE	
4.4 CITY-ST-ZIP	PT CHARLOTTE FL 33952	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: **Mildred King** SIGNATURE REQUIRED

1-8-99

941-629-1536

Date

Daytime Phone #

CR2E037 (11/98)