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

APPROVED AND FILED
95 APR -6 AM 6:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 723177 (2)

1. Corporation Name
GFWC-CLEARWATER COMMUNITY WOMAN'S CLUB, INC.

Principal Place of Business	Mailing Address
~~3175 SAN MATEO~~ 1348 Whispering Pines Dr P.O. BOX 6074 CLEARWATER FL 346~~00~~24	~~3175 SAN MATEO~~ 1348 Whispering Pines Dr P.O. BOX 6074 CLEARWATER FL 346~~00~~24

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/14/1972
3a. Date of Last Report: 04/11/1994
4. FEI Number: 23-7241338 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21: 1348 Whispering Pines Dr
22: Suite, Apt. #, etc.
23: City & State
24: Zip 34624 — 25: Country

2a. Mailing Address
26: 1348 Whispering Pines Dr
27: Suite, Apt. #, etc.
28: City & State
29: Zip 34624 — 30: Country

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

9. Name and Address of Current Registered Agent

DENNARD, MERLE T
1545 OAK LANE
CLEARWATER FL 33546

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	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	SCHULTZ, JUNE	1.2 NAME	Henderson, Martha	
STREET ADDRESS	3175 SAN MATEO	1.3 STREET ADDRESS	1348 Whispering Pines Dr	
CITY-ST-ZIP	CLEARWATER, FL 00000	1.4 CITY-ST-ZIP	Clearwater, FL 346~~00~~24	
TITLE	SD	2.1 TITLE	S/D	☒ Change ☐ Addition
NAME	CASSELS, MARELLA	2.2 NAME	Hammock, Mazie	
STREET ADDRESS	1924 NURSERY RD.	2.3 STREET ADDRESS	1962 Magnolia Drive	
CITY-ST-ZIP	CLEARWATER, FL 00000	2.4 CITY-ST-ZIP	Clearwater, FL 34624	
TITLE	V	3.1 TITLE	V	☒ Change ☐ Addition
NAME	CHOCHOLA, SANDRA	3.2 NAME	CASSELS MARELLA	
STREET ADDRESS	51 ISLAND WAY, #701	3.3 STREET ADDRESS	1924 Nursery Rd	
CITY-ST-ZIP	CLEARWATER, FL 00000	3.4 CITY-ST-ZIP	Clearwater, FL 34624	
TITLE	VD	4.1 TITLE	VD	☒ Change ☐ Addition
NAME	HENDERSON, MARTHA	4.2 NAME	Blackwood, Marguerite	
STREET ADDRESS	1348 WHISPERING PINES DR	4.3 STREET ADDRESS	1518 Meadow Dale Drive	
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	Clearwater FL 34624	
TITLE	T	5.1 TITLE		☐ Change ☐ Addition
NAME	TIMBERLAKE, RUTH	5.2 NAME		
STREET ADDRESS	643 HARBOR ISLAND	5.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: Ruth M. Timberlake Jr. — 813-461-6600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Ruth M Timberlake

0044341