

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 # 731521 (1)

1. Corporation Name

THE GOLDEN GATE WOMAN'S CLUB, INC.



Principal Place of Business

**4701 GOLDEN GATE PKWY
GOLDEN GATE FL 33999**

Mailing Address

**4701 GOLDEN GATE PKWY
GOLDEN GATE FL 33999**

3. Date Incorporated or Qualified
12/31/1974

3a. Date of Last Report
06/21/1995

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

34116

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**EDGAR, BARBARA
6101 14TH AVE. SW
GOLDEN GATE FL 33999**

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 **TD** ☐ DELETE
NAME **EDGAR, BARBARA**
STREET ADDRESS **6101 14TH AVE. SW**
CITY - ST - ZIP **GOLDEN GATE, FL 00000**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP **34116**

TITLE **PD** ☐ DELETE
NAME **EATON, RITA**
STREET ADDRESS **4251 27TH CT SW**
CITY - ST - ZIP **GOLDEN GATE FL**

2.1 TITLE **VD** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP **34116**

TITLE **SD** ☒ DELETE
NAME **FERRINGER, MARY**
STREET ADDRESS **3710 19TH AVE SW**
CITY - ST - ZIP **GOLDEN GATE FL**

3.1 TITLE **SD** ☐ Change ☒ Addition
3.2 NAME **DONNA LOCKER**
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP **GOLDEN GATE FL 34116**

TITLE **VD** ☒ DELETE
NAME **KOLLAREK, ALTHEA**
STREET ADDRESS **5355 19TH AVE SW**
CITY - ST - ZIP **GOLDEN GATE, FL 00000**

4.1 TITLE **SD** ☐ Change ☒ Addition
4.2 NAME **BARBARA PARTINGTON**
4.3 STREET ADDRESS **4415 23RD PL SW**
4.4 CITY - ST - ZIP **GOLDEN GATE FL 34116**

TITLE **VD** ☐ DELETE
NAME **TRUSKOWSKI, GERALDINE**
STREET ADDRESS **4572 31ST PL SW**
CITY - ST - ZIP **GOLDEN GATE, FL 00000**

5.1 TITLE **PD** ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP **34116**

TITLE **SD** ☒ DELETE
NAME **CLAVELO, VICKIE**
STREET ADDRESS **3610 21ST AVE SW**
CITY - ST - ZIP **NAPLES FL**

6.1 TITLE **VD** ☐ Change ☒ Addition
6.2 NAME **JO MUNSON**
6.3 STREET ADDRESS **768 LANDOVER CIR #104**
6.4 CITY - ST - ZIP **GOLDEN GATE FL 34116**

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:

Barbara Edgar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARBARA EDGAR 07/30/96 941-455-1685
Date Daytime Phone #

CR2E037 (12/95)