

**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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB -6 PM 12:05

DOCUMENT # **732250** (6)

1. Corporation Name

**G.F.W.C. HOMESTEAD JUNIOR WOMAN'S CLUB, INC.**

Principal Place of Business	Mailing Address
P. O. BOX 900306 HOMESTEAD FL 33090	P. O. BOX 900306 HOMESTEAD FL 33090

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>03/24/1975</b>	3a. Date of Last Report <b>10/13/1994</b>
4. FEI Number <b>59-1705960</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75 Supplemental Fee Not Required</b>
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip Country	29 Zip Country
25	30

9. Name and Address of Current Registered Agent

PETERSON, SUSAN  
1729 SANDPIPER BLVD.  
HOMESTEAD FL 33035-1111

10. Name and Address of New Registered Agent

81 Name	<b>Petersen, Susan</b>
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ALBURY, LYNN</b>	1.2 NAME	
STREET ADDRESS	<b>18901 SW 312TH ST</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HOMESTEAD FL</b>	1.4 CITY - ST - ZIP	<b>Homestead, FL 33030</b>
TITLE	<b>VPD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALVAREZ, GINA</b>	2.2 NAME	
STREET ADDRESS	<b>728 N.W. 6 STREET</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HOMESTEAD FL 33030</b>	2.4 CITY - ST - ZIP	
TITLE	<b>VPD</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RUSS, CHARLENE</b>	3.2 NAME	
STREET ADDRESS	<b>16451 S.W. 293 STREET</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HOMESTEAD FL 3033</b>	3.4 CITY - ST - ZIP	<b>Homestead, FL 33030</b>
TITLE	<b>VP</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LONGTEMPS, DEEBAI</b>	4.2 NAME	
STREET ADDRESS	<b>19200 S.W. 220 STREET</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL 33170</b>	4.4 CITY - ST - ZIP	
TITLE	<b>TD</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PETERSEN, SUSAN</b>	5.2 NAME	
STREET ADDRESS	<b>1729 SANDPIPER BLVD.</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HOMESTEAD FL 33035</b>	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

(Typed Name)

*Susan Peterson - Susan Petersen* 1-24-95 305-248-5840