

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified **03/24/1975** 3a. Date of Last Report **02/06/1995**

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

4. FEI Number **59-1705960** 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
**PETERSEN, SUSAN
1729 SANDPIPER BLVD.
HOMESTEAD FL 33035-1111**

10. Name and Address of New Registered Agent
1 Name **Julie Coffey**
2 Street Address (P.O. Box Number is Not Acceptable) **1562 NW 5th Terrace**
3
4 City **Homestead FL 85** Zip Code **33030**

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 *Julie Coffey* **Julie Coffey - Treasurer** **4/29/96**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	ALBURY, LYNN	
STREET ADDRESS	18901 SW 312TH ST	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	ALVAREZ, GINA	
STREET ADDRESS	728 N.W. 6 STREET	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	RUSS, CHARLENE	
STREET ADDRESS	16451 S.W. 293 STREET	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	LONGTEMPS, DEEBAI	
STREET ADDRESS	19200 S.W. 220 STREET	
CITY-ST-ZIP	MIAMI FL 33170	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	PETERSEN, SUSAN	
STREET ADDRESS	1729 SANDPIPER BLVD.	
CITY-ST-ZIP	HOMESTEAD FL 33035	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Alvarez, Gina	
13 STREET ADDRESS	728 NW 6 Street	
14 CITY-ST-ZIP	Homestead, FL 33030	
21 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Gooding, Margaret	
23 STREET ADDRESS	19778 S.W. 243 Terr. "D"	
24 CITY-ST-ZIP	Homestead, FL 33031	
31 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Keller, Billie	
33 STREET ADDRESS	1515 Gwin Road "D"	
34 CITY-ST-ZIP	Homestead, FL 33035	
41 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Barbara Chafin	
43 STREET ADDRESS	21801 SW 182 Ave "D"	
44 CITY-ST-ZIP	Miami, FL 33187	
51 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Coffey, Julie A.	
53 STREET ADDRESS	1562 NW 5th Terrace	
54 CITY-ST-ZIP	Homestead, FL 33030	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	100001866601	
63 STREET ADDRESS	-06/19/96--01032--017	
64 CITY-ST-ZIP	***70.00	

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: *Julie A. Coffey* **Julie A. Coffey** **4/29/96** **(305) 232-1300**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)