

FILE NOW: FILING FEE IS \$61.25

FILED  
Jan 30 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 732250 (6)**  
1. Corporation Name  
**G.F.W.C. HOMESTEAD JUNIOR WOMAN'S CLUB, INC.**



Principal Place of Business <b>P. O. BOX 900306 HOMESTEAD FL 33090</b>	Mailing Address <b>P. O. BOX 900306 HOMESTEAD FL 33090-0306</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/24/1975</b>	3a. Date of Last Report <b>05/01/1996</b>
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	4. FEI Number <b>59-1705960</b>	Applied For Not Applicable
25. Suite, Apt. #, etc.	26. City & State	27. Zip	28. Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
29. Suite, Apt. #, etc.	30. City & State	31. Zip	32. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  <b>COFFEY, JULIE</b> <b>1562 NW 8TH TERRACE</b> <b>HOMESTEAD FL 33030</b>				10. Name and Address of New Registered Agent	
81. Name				82. Street Address (P.O. Box Number is Not Acceptable)	
83.				84. City	
				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 *Julie Coffey* **Julie Coffey** 1-20-97 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALVAREZ, GINA</b>	1.2 NAME	
STREET ADDRESS	<b>728 NW 6 STREET</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOMESTEAD FL 33030</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VP/D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOOGING, MARGARET</b>	2.2 NAME	
STREET ADDRESS	<b>19778 SW 243 TERR.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOMESTEAD FL 33031</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VP/D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KELLER, BILLIE</b>	3.2 NAME	
STREET ADDRESS	<b>1515 OWI ROAD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOMESTEAD FL 33035</b>	3.4 CITY-ST-ZIP	
TITLE	<b>S/D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHAFIN, BARBARA</b>	4.2 NAME	
STREET ADDRESS	<b>21801 SW 182 AVE.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33187</b>	4.4 CITY-ST-ZIP	
TITLE	<b>T/D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COFFEY, JULIE A.</b>	5.2 NAME	
STREET ADDRESS	<b>1562 8TH TERRACE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOMESTEAD FL 33030</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 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: *Julie Coffey* **Julie A Coffey** 1/20/97 (305) 232-1800

CR2E037 (9/96)