

FILE NOW: FILING FEE IS \$61.25

FILED
May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 P. O. BOX 900306 HOMESTEAD FL 33090	Mailing Address P. O. BOX 900306 HOMESTEAD FL 33090
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3. Date Incorporated or Qualified 03/24/1975
4. FEI Number 59-1705960
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent COFFEY, JULIE 1562 NW 8TH TERRACE HOMESTEAD FL 33030	10. Name and Address of New Registered Agent 81 Name JULIE COFFEY 82 Street Address (P.O. Box Number is Not Acceptable) 19150 SW 270TH STREET 83 84 City HOMESTEAD, FL. FL 85 Zip Code 33031
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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 President* *4-25-98*
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	P <input type="checkbox"/> DELETE	1.1 TITLE	VP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ, GINA	1.2 NAME	
STREET ADDRESS	728 NW 6 STREET	1.3 STREET ADDRESS	18704 SW 306TH TERRACE
CITY-ST-ZIP	HOMESTEAD FL 33030	1.4 CITY-ST-ZIP	HOMESTEAD, FL. 33030
TITLE	VP/D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOOGING, MARGARET	2.2 NAME	
STREET ADDRESS	18778 SW 243 TERR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33031	2.4 CITY-ST-ZIP	
TITLE	VP/D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLER, BILLIE	3.2 NAME	
STREET ADDRESS	1515 OWI ROAD	3.3 STREET ADDRESS	15920 SW 284TH ST
CITY-ST-ZIP	HOMESTEAD FL 33035	3.4 CITY-ST-ZIP	HOMESTEAD, FL. 33033
TITLE	S/D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAFIN, BARBARA	4.2 NAME	
STREET ADDRESS	21801 SW 182 AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33187	4.4 CITY-ST-ZIP	
TITLE	T/D <input type="checkbox"/> DELETE	5.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COFFEY, JULIE A.	5.2 NAME	
STREET ADDRESS	1562 8TH TERRACE	5.3 STREET ADDRESS	19150 SW 270TH STREET
CITY-ST-ZIP	HOMESTEAD FL 33030	5.4 CITY-ST-ZIP	HOMESTEAD, FL. 33031
TITLE	T/D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRICIA BRYANT	6.2 NAME	
STREET ADDRESS	668 NW 10TH ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33030	6.4 CITY-ST-ZIP	

14. I 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: *Gina Alvarez* *4-25-98*

CR2E037 (10/97)