

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 <input checked="" type="checkbox"/>
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 checked="" 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 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	28. Country
24. Zip	25. Country
29. Zip	30. Country

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. City **HOMESTEAD, FL.** **FL** 85. Zip Code **33031**

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

TITLE	P	<input type="checkbox"/> DELETE
NAME	ALVAREZ, GINA	
STREET ADDRESS	728 NW 6 STREET	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	VP/D	<input type="checkbox"/> DELETE
NAME	GOOGING, MARGARET	
STREET ADDRESS	19776 SW 243 TERR.	
CITY-ST-ZIP	HOMESTEAD FL 33031	
TITLE	VP/D	<input type="checkbox"/> DELETE
NAME	KELLER, BILLIE	
STREET ADDRESS	1515 OWI ROAD	
CITY-ST-ZIP	HOMESTEAD FL 33035	
TITLE	S/D	<input type="checkbox"/> DELETE
NAME	CHAFIN, BARBARA	
STREET ADDRESS	21801 SW 182 AVE.	
CITY-ST-ZIP	MIAMI FL 33187	
TITLE	T/D	<input type="checkbox"/> DELETE
NAME	COFFEY, JULIE A.	
STREET ADDRESS	1562 8TH TERRACE	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	T/D	<input checked="" type="checkbox"/> DELETE
NAME	TRICIA BERTER	
STREET ADDRESS	666 SW 10TH ST	
CITY-ST-ZIP	HOMESTEAD FL 33030	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	18704 SW 306TH TERRACE	
1.4 CITY-ST-ZIP	HOMESTEAD, FL. 33030	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	15920 SW 284TH ST	
3.4 CITY-ST-ZIP	HOMESTEAD, FL. 33033	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	19150 SW 270TH STREET	
5.4 CITY-ST-ZIP	HOMESTEAD, FL. 33031	
6.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)