


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90042 021 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 732250**

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	03/24/1975
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-1705960
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>
24	30	<b>\$8.75 Additional Fee Required</b>
25	29	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		10. Name and Address of New Registered Agent	
COFFEY, JULIE 19150 SW 270TH ST HOMESTEAD FL 33031		81 Name Cynthia J. Kendall	85 Zip Code 33033
		82 Street Address (P.O. Box Number is Not Acceptable) 16241 SW 286 Street	
		83	
		84 City Homestead	85 Zip Code 33033

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: *Cynthia J. Kendall* Cynthia J. Kendall DATE: 4-14-99

Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP/D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VP/D Harris, Debbie <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALVAREZ, GINA	1.2 NAME	35250 SW 177 Ct #219
STREET ADDRESS	18704 SW 306TH TERR	1.3 STREET ADDRESS	Florida, City 33034
CITY-ST-ZIP	HOMESTEAD FL 33030	1.4 CITY-ST-ZIP	
TITLE	VP/D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP/D Worrall, Renee <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOOGING, MARGARET	2.2 NAME	30815 SW 191 AVE
STREET ADDRESS	19778 SW 243 TERR.	2.3 STREET ADDRESS	Homestead, FL 33030
CITY-ST-ZIP	HOMESTEAD FL 33031	2.4 CITY-ST-ZIP	
TITLE	VP/D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VP/D Kendall, Cynthia <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KELLER, BILLIE	3.2 NAME	Cynthia
STREET ADDRESS	15920 SW 284TH ST	3.3 STREET ADDRESS	16241 SW 286 ST
CITY-ST-ZIP	HOMESTEAD FL 33033	3.4 CITY-ST-ZIP	Homestead, FL 33033
TITLE	S/D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHAFIN, BARBARA	4.2 NAME	VonKessel, Tina
STREET ADDRESS	21801 SW 182 AVE.	4.3 STREET ADDRESS	9915 NW 6 Lane
CITY-ST-ZIP	MIAMI FL 33187	4.4 CITY-ST-ZIP	MIAMI, FL 33174
TITLE	PD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COFFEY, JULIE A.	5.2 NAME	Jones, Rita
STREET ADDRESS	19150 SW 270TH ST	5.3 STREET ADDRESS	1192 NightHawk
CITY-ST-ZIP	HOMESTEAD FL 33031	5.4 CITY-ST-ZIP	Homestead, FL 33030
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 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, with all other like empowered.

SIGNATURE: *Cynthia J. Kendall* **REQUIRED** DATE: 4-14-99 DAYTIME PHONE #: 305-245-2211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/1/98)