

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 21 AM 9:49

DOCUMENT # 732289 (4)

1. Corporation Name

GFWC - WEST PASCO JUNIOR WOMAN'S CLUB, INC.

Principal Place of Business

Mailing Address

P.O. BOX 1918
NEW PORT RICHEY FL 34656
US

P.O. BOX 1918
NEW PORT RICHEY FL 34656
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/27/1975

3a. Date of Last Report

05/01/1994

4. FEI Number

59-1614381

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DOUGHERTY, NANCY
2143 OVERVIEW DRIVE
BX 1086
NEW PT RICHEY 34655

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

TD

NAME

PALADINE, ELINOR

STREET ADDRESS

8516 CESSNA AVE

CITY - ST - ZIP

NEW PORT RICHEY FL

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TITLE

PD

NAME

DOUGHERTY, NANCY

STREET ADDRESS

2143 OVERVIEW DR.

CITY - ST - ZIP

NEW PORT RICHEY FL

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE

SD

NAME

JURGENSEN, DENISE

STREET ADDRESS

6985 CORONET DR.

CITY - ST - ZIP

NEW PORT RICHEY FL

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE

S

NAME

LILLO, CINDY

STREET ADDRESS

12838 KELLYWOOD CIR

CITY - ST - ZIP

HUDSON FL

4.1 TITLE

☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

WILLIAMS, CINDY

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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 110.07(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:

Elinor Paladine

ELINOR PALADINE

2/7/95

813-842-5886

SIGNATURE AND TYPED OR PRINTED NAME OF BORING OFFICER OR DIRECTOR

(Type or Print Name)