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FILED

Feb 18 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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
USP.O. BOX 1918
NEW PORT RICHEY FL 34656-1918
US3. Date Incorporated or Qualified
03/27/19753a. Date of Last Report
08/23/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JURGENSEN, DENISE
6985 CORONET DRIVE
NEW PT RICHEY FL 34655

81 Name

Ellie Paladine

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

8516 CESSNA AVE

83

84 City

New Port Richey

FL

85 Zip Code

34654

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 Ellie Paladine

2-12-97

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	TD	<input type="checkbox"/> DELETE
NAME	PALADINE, EUNOR	
STREET ADDRESS	8516 CESSNA AVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PALADINE, Ellie	
1.3 STREET ADDRESS	8516 CESSNA AVE	
1.4 CITY-ST-ZIP	NEW PORT RICHEY FL 34654	

TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	DOUGHERTY, NANCY	
STREET ADDRESS	2143 OVERVIEW DR.	
CITY-ST-ZIP	NEW PORT RICHEY FL	

2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	TROUGALIS, DORIE	
2.3 STREET ADDRESS	1751 BLACKROCK CT.	
2.4 CITY-ST-ZIP	NEW PORT RICHEY FL 34655	

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	JURGENSEN, DENISE	
STREET ADDRESS	6985 CORONET DR.	
CITY-ST-ZIP	NEW PORT RICHEY FL	

3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	EASTMAN, NANCY	
3.3 STREET ADDRESS	6737 MILLSTONE DR	
3.4 CITY-ST-ZIP	NEW PORT RICHEY FL 34655-5513	

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	CONNOLLY, JEANNE	
STREET ADDRESS	6355 GOVERNORS DR	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	

4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	UPDEGRAVE, Valerie	
4.3 STREET ADDRESS	1556 TUTTLE CT	
4.4 CITY-ST-ZIP	NEW PORT RICHEY FL 34655	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

Nancy Eastman

2-12-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0068201

CR2E037 (9/96)