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 MAY -1 AM 10:54

DOCUMENT # **732348** **(8)**

1. Corporation Name

GENERAL FEDERATION OF WOMEN'S CLUBS (GFWC) SEMINOLE JUNIOR WOMAN'S CLUB INCORPORATED

Principal Place of Business	Mailing Address
13221 84TH TERR. N. P O BOX 4524 SEMINOLE FL 34642	13221 84TH TERR. N. P O BOX 4524 SEMINOLE FL 34642

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/03/1975
3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-6155076 — Applied For ☐ Not Applicable ☐

2. Principal Place of Business	2a. Mailing Address
21 13221 110th Avenue North	26 13221 110th Avenue North
Suite, Apt. #, etc. 22 P.O. Box 4525	Suite, Apt. #, etc. 27 P.O. Box 4524
City & State 23 Seminole, Florida 34642	City & State 28 Seminole, Florida 34642
Zip / Country 24 34642 / 25 USA	Zip / Country 29 34642 / 30 USA

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
OLIPHANT, SHARON 12897 LOIS AVE SEMINOLE FL 34646	81 Name: SODI, LINDA 82 Street Address (P.O. Box Number is Not Acceptable): 13221 110TH AVENUE NORTH 83 84 City: SEMINOLE FL 85 Zip Code: 34644

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: Linda L. Sodi
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	D	11 TITLE	PD	☒ Change ☐ Addition
NAME	OLIPHANT, SHARON	12 NAME	SODI, LINDA	
STREET ADDRESS	12897 LOIS AVE.	13 STREET ADDRESS	13221 110th AVENUE NORTH	
CITY-ST-ZIP	SEMINOLE, FL 00000	14 CITY-ST-ZIP	SEMINOLE, FLORIDA 34644-4611	
TITLE	D	21 TITLE	VPD	☒ Change ☐ Addition
NAME	HAMMEL, GAIL	22 NAME	RUBERTO, APRIL	
STREET ADDRESS	7663 CARVER CT.	23 STREET ADDRESS	12431 91st WAY NORTH	
CITY-ST-ZIP	SEMINOLE, FL 00000 34642	24 CITY-ST-ZIP	SEMINOLE, FLORIDA 34643	
TITLE	TD	31 TITLE	TD	☒ Change ☐ Addition
NAME	BOMBINO, NANCY	32 NAME	DANIEL, LESI	
STREET ADDRESS	9190 - 136TH WAY N.	33 STREET ADDRESS	14394 86th AVENUE NORTH	
CITY-ST-ZIP	SEMINOLE FL 34646	34 CITY-ST-ZIP	SEMINOLE, FLORIDA 34646	
TITLE	PD	41 TITLE		☐ Change ☐ Addition
NAME	SODI, LINDA	42 NAME		
STREET ADDRESS	13221 110TH AVE N	43 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

REMITTED BY MAY 1

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 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: Lesi S. Daniel — Lesi S. Daniel, Treasurer — 13 April 95 — 813-539-2142
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0087184