

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

Mar 21 1996 8:00 am
Secretary of State

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 110TH AVENUE NORTH
P.O. BOX 4525
SEMINOLE FL 34642
US

13221 110TH AVENUE NORTH
P.O. BOX 4524
SEMINOLE FL 34642
US

3. Date Incorporated or Qualified
04/03/1975

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 14394 86th Ave. N

26 14394 86th Ave. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 P.O. Box 4524

27 P.O. Box 4524

City & State

City & State

23 SEMINOLE, FLORIDA

28 SEMINOLE, FLORIDA

Zip

Country

Zip

Country

24 34642

25 USA

29 34642

30 USA

4. FEI Number
59-6155076

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

SODI, LINDA
13221 110TH AVENUE NORTH
SEMINOLE FL 34644

81 Name

LESI DANIEL

82

Street Address (P.O. Box Number is Not Acceptable)
14394 86th Ave. N.

83

84

City SEMINOLE

FL

85 Zip Code

34646

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/22/96

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME SODI, LINDA
STREET ADDRESS 13221 110TH AVENUE NORTH
CITY-ST-ZIP SEMINOLE, FL 00000

TITLE VD ☐ DELETE

NAME RUBERTO, APRIL
STREET ADDRESS 12431 91ST WAY NORTH
CITY-ST-ZIP SEMINOLE, FL 00000

TITLE TD ☐ DELETE

NAME DANIEL, LESI
STREET ADDRESS 14394 86TH AVENUE NORTH
CITY-ST-ZIP SEMINOLE FL

TITLE PD ☐ DELETE

NAME SODI, LINDA
STREET ADDRESS 13221 110TH AVE N
CITY-ST-ZIP SEMINOLE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME LESI DANIEL
1.3 STREET ADDRESS 14394 86th Ave. N
1.4 CITY-ST-ZIP SEMINOLE, FL. 34646

2.1 TITLE VPD ☒ Change ☐ Addition

2.2 NAME BEVERLY LOEBEL
2.3 STREET ADDRESS 14212 MARK DRIVE
2.4 CITY-ST-ZIP LARGO, FL. 34644

3.1 TITLE TD ☒ Change ☐ Addition

3.2 NAME BARBARA DEVRIES
3.3 STREET ADDRESS 11416 HARBORSIDE CIRCLE
3.4 CITY-ST-ZIP SEMINOLE, FL. 34643

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

\$ 0.00 by Bank

12
3-21

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)(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: Barbara T. DeVries
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARBARA T. DEVRIES
TREASURER

2/26/96 (813) 393-3540
Date Daytime Phone #

CR2E037 (12/95)