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Feb 27, 1999 8:00 am
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02-27-1999 90064 009 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 732348

1. Corporation Name

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

Principal Place of Business

Mailing Address

14394 86TH AVE N.
P.O. BOX 4524
SEMINOLE FL 33776
US

14394 86TH AVE N.
P.O. BOX 4524
SEMINOLE FL 34642
US



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 04/03/1975 4. FEI Number 59-6155076 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

DANIEL, LESI
14394 86TH AVE N.
SEMINOLE FL 34642

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	T
NAME	PAPALARDO, JULIE	1.2 NAME	RHONDA THOMPSON
STREET ADDRESS	10263 MYRTLE OAK LANE	1.3 STREET ADDRESS	12965 FARMINGTON TR.
CITY-ST-ZIP	SEMINOLE FL 33777	1.4 CITY-ST-ZIP	SEMINOLE, FL 33776
TITLE	PD	2.1 TITLE	
NAME	LOEBEL, BEVERLY	2.2 NAME	
STREET ADDRESS	14212 MARK DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 34644	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	
NAME	BENNION, BETH	3.2 NAME	
STREET ADDRESS	13966 MEARES DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 33774	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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:

Rhonda Thompson

1-26-99

1-727-347-6323

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)