

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90161 034 ****70.00

DOCUMENT # 732348

1. Entity Name

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



Principal Place of Business

Mailing Address

**9460 94TH STREET N
SEMINOLE FL 33772
US**

**P O BOX 4524
SEMINOLE FL 33772
US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

12897- Lois Avenue

PO Box 4524

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Seminole FL

Seminole FL

Zip

Country

Zip

Country

33772

USA

33772

USA

1st MOORE

CR2E037 (10/07)

4. FEI Number **59-6155076**

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COLLINS, PATRICIA A
9460 94TH STREET N
LARGO FL 33777**

Name

Sharon Oliphant

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

12897- Lois Avenue

City

Seminole

FL

Zip

33772

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Sharon L. Oliphant

Sharon L. Oliphant 4/13/08

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By: May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **T** ☒ Delete
NAME: **COLLINS, PATRICIA A**
STREET ADDRESS: **9460 94TH STREET N**
CITY-ST-ZIP: **LARGO FL 33777**

TITLE: **President** ☐ Change ☒ Addition
NAME: **Michelle Adams**
STREET ADDRESS: **12229-92nd Terrace N.**
CITY-ST-ZIP: **Seminole, FL 33772**

TITLE: **PD** ☒ Delete
NAME: **SIRICO, JULIA**
STREET ADDRESS: **8681 BARDMOOR BLVD #601**
CITY-ST-ZIP: **LARGO FL 33777**

TITLE: **1st Vice President - VP** ☐ Change ☒ Addition
NAME: **Robin Waghorn**
STREET ADDRESS: **1220 Van Riper Rd #1105**
CITY-ST-ZIP: **Largo, FL 33774**

TITLE: **VPD** ☒ Delete
NAME: **WINTERS, JO**
STREET ADDRESS: **9799 53RD AVENUE N.**
CITY-ST-ZIP: **ST. PETERSBURG FL 33708**

TITLE: **Treasurer** ☐ Change ☒ Addition
NAME: **Sharon Oliphant**
STREET ADDRESS: **12897 Lois Avenue**
CITY-ST-ZIP: **Seminole, FL 33772**

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Change ☐ Addition
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CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sharon L. Oliphant

Sharon L. Oliphant

4/13/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Office

Daytime Phone #