

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 732982

(4)

1. Corporation Name

GENERAL FEDERATION OF WOMEN'S CLUBS BRADENTON JUNIOR WOMAN'S CLUB, INC.



Principal Place of Business

Mailing Address

1706 MANATEE AVE. W.
P.O. BOX 9483 (MAIL)
BRADENTON FL 34206

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P.O. BOX 9483 (MAIL)
BRADENTON FL 34206

3. Date Incorporated or Qualified
06/06/1975

3a. Date of Last Report
09/15/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1617986

Applied For

Not Applicable

22

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

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

GRANDSTAFF, KYLEEN
10107 GULF DRIVE
ANNA MARIA FL 34216

81 Name

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

83

84 City

FL

85 Zip Code

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GRANDSTAFF, KYLEEN	
STREET ADDRESS	10107 GULF DR.	
CITY-ST-ZIP	ANNA MARIA FL 34216	
TITLE	PED	<input type="checkbox"/> DELETE
NAME	MERCHANT, EILEEN	
STREET ADDRESS	2210 24TH AVE. W.	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE	TVP	<input checked="" type="checkbox"/> DELETE
NAME	WALLACE, KIM	
STREET ADDRESS	314 49TH ST. E.	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ELLERY, TERESA	
STREET ADDRESS	70747TH ST.	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	THORNTON, MONIQUE	
STREET ADDRESS	6120 63RD AVE. E.	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	MC	<input checked="" type="checkbox"/> DELETE
NAME	BOCHLE, GAIL	
STREET ADDRESS	1612 83RD ST. N.W.	
CITY-ST-ZIP	BRADENTON FL 34209	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Grandstaff, Kyleen	
1.3 STREET ADDRESS	10107 Gulf Dr	
1.4 CITY-ST-ZIP	Anna Maria FL 34216	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Merchant, Eileen	
2.3 STREET ADDRESS	2210 24th Ave. W.	
2.4 CITY-ST-ZIP	Bradenton FL 34205	
3.1 TITLE	TVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Bochle, Gail	
3.3 STREET ADDRESS	1612 83rd St. N.W.	
3.4 CITY-ST-ZIP	Bradenton FL 34209	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	PED	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Chitenden, Allyson	
5.3 STREET ADDRESS	1103 E 7th St. N.W.	
5.4 CITY-ST-ZIP	Bradenton FL 34209	
6.1 TITLE	MC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Kunka, Ruth	
6.3 STREET ADDRESS	PO Box 37	
6.4 CITY-ST-ZIP	Terra Ceia, FL 3450	

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: Eileen S. Merchant
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96 (941) 751-7660
Date Daytime Phone #

CR2E037 (12/95)