

FILE NOW: FILING FEE IS \$61.25

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Apr 08 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mertham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **734269** (4)

1. Corporation Name

**GFWC WEST PALM BEACH JUNIOR WOMEN'S CLUB, INC.**



Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
PO BOX 2002 W. PALM BCH FL 33402 US		PO BOX 2002 PP.O. BOX 2002 WEST PALM BCH FL 33402-2002 US		11/07/1975	05/24/1996
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For		
21	26	59-1747139	Not Applicable		
Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		<input type="checkbox"/>		<input type="checkbox"/>	
City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
23		<input type="checkbox"/>		<input type="checkbox"/>	
Zip	Country	28	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
24	25	29	<input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GAUGER, PHYLLIS 14482 AUTUMN AVE WELLINGTON FL 33414		81 Name BUNNIE BRECHER 82 Street Address (P.O. Box Number is Not Acceptable) 7585 NEMEC DRIVE NORTH 83 84 City LAKE CLARK SHORES, FL 85 Zip Code 33406	

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 Bunnie Brecher Bunnie Brecher, President DATE 2/24/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRECHER, BUNNIE	1.2 NAME	BRECHER, BUNNIE
STREET ADDRESS	7585 NEMEC DR., N.	1.3 STREET ADDRESS	7585 NEMEC DRIVE, NORTH
CITY-ST-ZIP	W. PALM BCH. FL	1.4 CITY-ST-ZIP	LAKE CLARK SHORES, FL 33406
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERRIS, LINDA	2.2 NAME	EYESTONE, BETH
STREET ADDRESS	7699 NEMEC DRIVE SOUTH	2.3 STREET ADDRESS	11683 TURNSTONE DRIVE
CITY-ST-ZIP	W PALM BEACH FL	2.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33414
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONGHURST, JOY	3.2 NAME	SECRETARY
STREET ADDRESS	185 AKRON ROAD	3.3 STREET ADDRESS	LONGHURST, JOY
CITY-ST-ZIP	LAKE WORTH FL	3.4 CITY-ST-ZIP	185 AKRON ROAD, LAKE WORTH, FL 33467
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALENTAGE, SUZANNE	4.2 NAME	VALENTAGE, SUZANNE
STREET ADDRESS	632 SEA PINE WAY #2-A	4.3 STREET ADDRESS	632 SEA PINE WAY, A2
CITY-ST-ZIP	WEST PALM BEACH FL 33415	4.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33415
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAUGER, PHYLLIS	5.2 NAME	3RD VICE-PRESIDENT
STREET ADDRESS	14482 AUTUMN AVE	5.3 STREET ADDRESS	GAUGER, PHYLLIS
CITY-ST-ZIP	WELLINGTON FL 33414	5.4 CITY-ST-ZIP	14482 AUTUMN AVENUE
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLACKFORD, JANET	6.2 NAME	SECRETARY
STREET ADDRESS	3618 VALLEY WAY	6.3 STREET ADDRESS	GERLING, MARILYN
CITY-ST-ZIP	W. PALM BCH. FL	6.4 CITY-ST-ZIP	4719 TODD STREET
			LAKE WORTH, FL 33463

14. I do 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.

SIGNATURE: Bunnie Brecher Bunnie Brecher DATE 2/24/97 (56) 967-9811

CR2E037 (9/96)