

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

DOCUMENT # **735240** (4)

1. Corporation Name

GFWC JUNIOR WOMAN'S CLUB OF TITUSVILLE, INC.



Principal Place of Business

Mailing Address

P. O. BOX 1163
TITUSVILLE FL 32781-1163
US

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TITUSVILLE FL 32781-1163
US

3. Date Incorporated or Qualified
03/11/1976

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

4. FEI Number

59-1855892

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

**OWENS, SUSAN
850 WILLOWWOOD AVE.
TITUSVILLE FL 32796**

81 Name **Susan Owens**
82 Street Address (P.O. Box Number is Not Acceptable)
850 Willowwood Ave
83 **Titusville**
84 City

FL 85 Zip Code
32796

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

Susan Owens
(NOTE: Registered Agent signature required when reinstating)

4-3-96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
NAME **HARRIS, ELIZABETH**
STREET ADDRESS **1770 S. PARK AVE.**
CITY-ST-ZIP **TITUSVILLE FL**

TITLE **VD** ☐ DELETE
NAME **WEDEKIND, KAREN**
STREET ADDRESS **4301 LONGBOW DR.**
CITY-ST-ZIP **TITUSVILLE FL**

TITLE **TD** ☐ DELETE
NAME **OWENS, SUSAN**
STREET ADDRESS **850 WILLOWWOOD AVE.**
CITY-ST-ZIP **TITUSVILLE FL**

TITLE **S** ☒ DELETE
NAME **PRINCE, DEBBIE**
STREET ADDRESS **2805 BOSTON DR.**
CITY-ST-ZIP **TITUSVILLE FL**

TITLE **S** ☒ DELETE
NAME **FRAKES, LYNN**
STREET ADDRESS **4308 IVANHOE DR.**
CITY-ST-ZIP **TITUSVILLE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE **Vice President-Director** ☒ Change ☒ Addition
1.2 NAME **Lynda Browne**
1.3 STREET ADDRESS **833 Trailwood Dr**
1.4 CITY-ST-ZIP **Titusville FL 32796**

2.1 TITLE **President-Director** ☒ Change ☐ Addition
2.2 NAME **WedeKind, Karen**
2.3 STREET ADDRESS **4301 Longbow Dr.**
2.4 CITY-ST-ZIP **Titusville, FL 32796**

3.1 TITLE **2nd Vice President** ☒ Change ☒ Addition
3.2 NAME **Karen Beattie**
3.3 STREET ADDRESS **7217 Barbara Rd**
3.4 CITY-ST-ZIP **Cocoa, FL 32927**

4.1 TITLE **Secretary** ☒ Change ☒ Addition
4.2 NAME **Loly Zeigler**
4.3 STREET ADDRESS **3192 Heritage Dr**
4.4 CITY-ST-ZIP **Titusville FL 32780**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Susan Owens
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Treasurer

4-3-96
Date
407-264-0239
Daytime Phone
5-1-91

CR2E037 (12/95)