


FILE NOW: FILING FEE IS \$61.25

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Apr 15 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **735240** (4)  
1. Corporation Name  
**GFWC JUNIOR WOMAN'S CLUB OF TITUSVILLE, INC.**



Principal Place of Business <b>P. O. BOX 1163 TITUSVILLE FL 32781-1163 US</b>	Mailing Address <b>P. O. BOX 1163 TITUSVILLE FL 32781-1163 US</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/11/1976</b>		3a. Date of Last Report <b>05/01/1996</b>	
21 Suite, Apt. #, etc.		25 Suite, Apt. #, etc.		4. FEI Number <b>59-1855892</b>		Applied For <input checked="" type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  <b>OWENS, SUSAN 850 WILLOWOOD AVE. TITUSVILLE FL 32796</b>				10. Name and Address of New Registered Agent			
				81 Name <b>Cureton Ruth</b>			
				82 Street Address (P.O. Box Number is Not Acceptable) <b>1600 Cardinal Ct</b>			
				83			
				84 City <b>Titusville</b> FL 85 Zip Code <b>32780</b>			

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 Ruth Cureton Treasurer Ruth Cureton April 7, 1997  
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	VD	<input type="checkbox"/> DELETE		1.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BROWN, LINDA			1.2 NAME	Cureton, Ruth		
STREET ADDRESS	833 TRAILWOOD DR			1.3 STREET ADDRESS	1600 Cardinal Ct		
CITY-ST-ZIP	TITUSVILLE FL 32796			1.4 CITY-ST-ZIP	Titusville FL 32780		
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEDEKIND, KAREN			2.2 NAME			
STREET ADDRESS	4301 LONGBOW DR.			2.3 STREET ADDRESS			
CITY-ST-ZIP	TITUSVILLE FL			2.4 CITY-ST-ZIP			
TITLE	TD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OWENS, SUSAN			3.2 NAME			
STREET ADDRESS	850 WILLOWOOD AVE.			3.3 STREET ADDRESS			
CITY-ST-ZIP	TITUSVILLE FL			3.4 CITY-ST-ZIP			
TITLE	V	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BEATTIE, KAREN			4.2 NAME			
STREET ADDRESS	7217 BARBARA RD			4.3 STREET ADDRESS			
CITY-ST-ZIP	COCOA FL 32927			4.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SEIGLER, LOLY			5.2 NAME			
STREET ADDRESS	3182 HERITAGE DR			5.3 STREET ADDRESS			
CITY-ST-ZIP	TITUSVILLE FL 32780			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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 Ruth Cureton Treasurer Ruth Cureton April 7, 1997

CR2E037 (9/96)