FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 3:04

DOCUMENT # **736252** **(8)**

1. Corporation Name
GFWC KISSIMMEE JUNIORS, INC.

Principal Place of Business	Mailing Address
100 CHURCH STREET P. O. BOX 420603 KISSIMMEE FL 34742	100 CHURCH STREET P. O. BOX 420603 KISSIMMEE FL 34742

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/30/1976**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-1738810** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

THACKER, JO O
100 CHURCH STREET
KISSIMMEE FL 32741

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	11 TITLE	V	☒ Change ☐ Addition
NAME	ICAZA, DIANE	12 NAME	Denise Kiraly	
STREET ADDRESS	1815 HUGHEY STREET	13 STREET ADDRESS	1442 Sheana Ln	
CITY-ST-ZIP	KISSIMMEE FL	14 CITY-ST-ZIP	Kissimmee, FL 34744	
TITLE	V	21 TITLE	PD	☒ Change ☐ Addition
NAME	NALLS, JANE	22 NAME		
STREET ADDRESS	1434 MONA DRIVE	23 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL	24 CITY-ST-ZIP		
TITLE	PD	31 TITLE	V	☒ Change ☐ Addition
NAME	SORENSON, LISA	32 NAME	Jeannine Ferrara	
STREET ADDRESS	1050 BRIGHTON PLACE BLVD	33 STREET ADDRESS	1069 Adrianne Cir	
CITY-ST-ZIP	KISSIMMEE FL	34 CITY-ST-ZIP	Kissimmee, FL 34744	
TITLE	SD	41 TITLE		☐ Change ☐ Addition
NAME	SINGLETON, JANE	42 NAME		
STREET ADDRESS	1795 BIG OAK SHADY OAK LANE	43 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL	44 CITY-ST-ZIP		
TITLE	DT	51 TITLE	DT	☒ Change ☐ Addition
NAME	LOLL, JENNIFER	52 NAME	Alison Lee	
STREET ADDRESS	1095 PARTIN DRIVE	53 STREET ADDRESS	11114 Essex Ridge Ct.	
CITY-ST-ZIP	KISIMMEE FL	54 CITY-ST-ZIP	Orlando, FL 32837	
TITLE	S	61 TITLE	S	☒ Change ☐ Addition
NAME	WALLS, KIM	62 NAME	Lois Reed	
STREET ADDRESS	2380 STARBOARD COVE	63 STREET ADDRESS	1762 Big Oak Ln.	
CITY-ST-ZIP	KISSIMMEE FL	64 CITY-ST-ZIP	Kissimmee, FL 34746	

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)(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: Gene M. Walls 4-4-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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