

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 # **736252** (8)

1. Corporation Name

GFWC KISSIMMEE JUNIORS, INC.



Principal Place of Business

**100 CHURCH STREET
P. O. BOX 420603
KISSIMMEE FL 34742**

Mailing Address

**100 CHURCH STREET
P. O. BOX 420603
KISSIMMEE FL 34742**

3. Date Incorporated or Qualified
06/30/1976

3a. Date of Last Report
04/13/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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**

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

**THACKER, JO O
100 CHURCH STREET
KISSIMMEE FL 32741**

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 **V** ☐ DELETE

NAME **KIRALY, DENISE**
STREET ADDRESS **1442 SHEANA LANE**
CITY-ST-ZIP **KISSIMMEE FL**

TITLE **PD** ☐ DELETE

NAME **NALLS, JANE**
STREET ADDRESS **1434 MONA DRIVE**
CITY-ST-ZIP **KISSIMMEE FL**

TITLE **V** ☐ DELETE

NAME **FERRARA, JEANNINE**
STREET ADDRESS **669 ADRIANNE CIR**
CITY-ST-ZIP **KISSIMMEE FL**

TITLE **SD** ☐ DELETE

NAME **SINGLETON, JANE**
STREET ADDRESS **1795 BIG OAK SHADY OAK LANE**
CITY-ST-ZIP **KISSIMMEE FL**

TITLE **DT** ☐ DELETE

NAME **LEE, ALLISON**
STREET ADDRESS **41114 ESSEX RIDGE CT**
CITY-ST-ZIP **ORLANDO FL**

TITLE **S** ☒ DELETE

NAME **REED, LOIS**
STREET ADDRESS **1762 BIG OAK LANE**
CITY-ST-ZIP **KISSIMMEE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

12 NAME **ARRINGTON, AMY**
13 STREET ADDRESS **1785 BIG OAK LANE**
14 CITY-ST-ZIP **KISSIMMEE, FL 34746**

21 TITLE ☒ Change ☐ Addition

22 NAME **FERRARA, JEANNINE**
23 STREET ADDRESS **669 ADRIANNE CIR**
24 CITY-ST-ZIP **KISSIMMEE, FL 34744**

31 TITLE ☒ Change ☐ Addition

32 NAME **ICAZA, DIANE**
33 STREET ADDRESS **1617 Regal Court Cove**
34 CITY-ST-ZIP **KISSIMMEE, FL 34744**

41 TITLE ☒ Change ☐ Addition

42 NAME **ZDROTEWSKI, MARY**
43 STREET ADDRESS **2319 PEPPER CORN ST.**
44 CITY-ST-ZIP **KISSIMMEE, FL 34741**

51 TITLE ☒ Change ☐ Addition

52 NAME **DEBBY DOLL**
53 STREET ADDRESS **3581 PLEASANT HILL RD**
54 CITY-ST-ZIP **KISSIMMEE, FL 34746**

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 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:

[Signature] **TREAS.**

2/11/96 (407) 933-4027

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (12/95)