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Apr 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34742-0603**



3. Date Incorporated or Qualified
06/30/1976

3a. Date of Last Report
03/08/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	V	<input type="checkbox"/> DELETE
NAME	ARRINGTON, AMY	
STREET ADDRESS	1785 BIG OAK LANE	
CITY - ST - ZIP	KISSIMMEE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FERRARA, JEANNINE	
STREET ADDRESS	669 ADRIANNE CIR	
CITY - ST - ZIP	KISSIMMEE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ICAZA, DIANE	
STREET ADDRESS	1617 REGAL COURT COVE	
CITY - ST - ZIP	KISSIMMEE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ZDROJEWSKI, MARY	
STREET ADDRESS	2319 PEPPERCORN ST	
CITY - ST - ZIP	KISSIMMEE FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	DOSS, DEBBY	
STREET ADDRESS	3581 PLEASANT HILL RD	
CITY - ST - ZIP	KISSIMMEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ARRINGTON, MARY JANE
3.3 STREET ADDRESS	1785 BIG OAK LANE
3.4 CITY - ST - ZIP	KISSIMMEE, FL 34746
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SORRELL, SUSAN
4.3 STREET ADDRESS	1805 BIG OAK LANE
4.4 CITY - ST - ZIP	KISSIMMEE FL 34746
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	HARWOOD, LINDA
5.3 STREET ADDRESS	2378 EAGLE TRACE DR.
5.4 CITY - ST - ZIP	KISSIMMEE FL 34746
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:

Linda Harwood
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/97

Date

Daytime Phone # **0069652**

CR2E037 (9/96)