


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$235.25).

FILED  
Aug 12 1998 8:00am  
Secretary of State



NONPROFIT CORPORATION ANNUAL REPORT 1998		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

Mailing Address

100 CHURCH STREET  
P. O. BOX 420803  
KISSIMMEE FL 34742

100 CHURCH STREET  
P. O. BOX 420803  
KISSIMMEE FL 34742

3. Date Incorporated or Qualified

06/30/1976

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

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

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 John B. Ritch, Esquire

82 Street Address (P.O. Box Number is Not Acceptable)  
100 Church Street

84 City Kissimmee

85 Zip Code FL 34741

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

8/04/98

12. OFFICERS AND DIRECTORS

TITLE	V	<input checked="" 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	680 ADRIANNE CIR	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	ARRINGTON, MARY J	
STREET ADDRESS	1785 BIG OAK DR	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SORRELL, SUSAN	
STREET ADDRESS	1805 BIG OAK DR	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	HARWOOD, LINDA	
STREET ADDRESS	2378 EAGLE TRACE DR	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Gail Forte	
1.3 STREET ADDRESS	2850 Woodsmere Ct.	
1.4 CITY-ST-ZIP	Kissimmee, FL 34746	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	SP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Becky Gassman	
3.3 STREET ADDRESS	734 Paris Dr.	
3.4 CITY-ST-ZIP	Kissimmee, FL 34759	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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

7-7-98

Date

(407) 891-3140

Daytime Phone #

CR2E037 (5/98)