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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 12:16

DOCUMENT # 737100 (8)

1. Corporation Name

GFWC PORT ST. LUCIE JUNIOR WOMAN'S CLUB, INC.

Principal Place of Business	Mailing Address
400 SW RAVENSWOOD LN P. O. BOX 8534 PORT ST LUCIE FL 34983 US	2621 SW ST MARY'S CT P. O. BOX 8534 PORT ST LUCIE FL 34985-5534

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/21/1976
3a. Date of Last Report: 04/14/1994
4. FEI Number: 59-1753740 ☐ 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	26 749 NW Sable street
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

FARRELL, ROBERTA
2049 SW DRIFTWOOD ST
PORT ST LUCIE FL 34953

10. Name and Address of New Registered Agent

81 Name: Gina B Allen
82 Street Address (P.O. Box Number is Not Acceptable): 749 NW Sable St
83
84 City: Port St. Lucie FL 85 Zip Code: 3498

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: Gina B. Allen Gina B. Allen Treasurer 4-17-95
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	11 TITLE	PD	☒ Change ☐ Addition
NAME	CLARK, PATTI	12 NAME	Clark, Patti	
STREET ADDRESS	3044 SW CIRCLE ST	13 STREET ADDRESS	3044 SW Circel St.	
CITY-ST-ZIP	PT ST LUCIE FL	14 CITY-ST-ZIP	Pt. St. Lucie, FL	
TITLE	PD	21 TITLE	V D	☒ Change ☐ Addition
NAME	CONKLIN, NANCY	22 NAME	Rusnak, Debbie	
STREET ADDRESS	1324 SE BAYHARBOR ST	23 STREET ADDRESS	1565 SW Kamchatka Ave	
CITY-ST-ZIP	PT ST LUCIE FL	24 CITY-ST-ZIP	Pt St. Lucie, FL	
TITLE	S	31 TITLE	T	☒ Change ☐ Addition
NAME	KERNS, PATRICIA	32 NAME	Allen, Gina B.	
STREET ADDRESS	226 SW THORNHILL DR	33 STREET ADDRESS	749 NW Sable Street	
CITY-ST-ZIP	PT ST LUCIE FL	34 CITY-ST-ZIP	Pt St. Lucie, FL	
TITLE	T	41 TITLE	S D	☒ Change ☐ Addition
NAME	STRICKLAND, DONNA	42 NAME	Conklin, Nancy	
STREET ADDRESS	2332 SE BOUNTY AVE	43 STREET ADDRESS	1324 SE Bayharbor Street	
CITY-ST-ZIP	PT ST LUCIE FL	44 CITY-ST-ZIP	Pt St. Lucie, FL	
TITLE	RS	51 TITLE	RS	☐ Change ☐ Addition
NAME	KRAUS, LIZ	52 NAME	Kraus, Liz	
STREET ADDRESS	220 SW GROVE AVE	53 STREET ADDRESS	220 SW Grove Ave	
CITY-ST-ZIP	PORT ST LUCIE FL	54 CITY-ST-ZIP	Port St. Lucie, FL	
TITLE	VD	61 TITLE		☐ Change ☐ Addition
NAME	RUSNAK, DEBBIE	62 NAME	REMITTED BY MAY 1	
STREET ADDRESS	650 VERONICA AVE	63 STREET ADDRESS		
CITY-ST-ZIP	PORT ST LUCIE FL	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)(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: Gina B. Allen Treasurer 4-17-95 407-878-7559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Gina B. Allen

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