

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 # **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**

**749 NW SABLE ST
P. O. BOX 8534
PORT ST LUCIE FL 34985-5534
US**

3. Date Incorporated or Qualified
10/21/1976

3a Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

P.O. Box 8534

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

34985

30

US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ALLEN, GINA B
749 NW SABLE ST
PT ST LUCIE FL 34983**

81 Name

KRAUS, LIZBETH

82

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

220 SW GROVE AVE

83

84

City

PORT ST LUCIE

FL

85 Zip Code

34983

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

Lizbeth Kraus **LIZBETH KRAUS, SECRETARY/TREASURER**

3/11/96

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 **PD** ☒ DELETE
NAME **CLARK, PATTI**
STREET ADDRESS **3044 SW CIRCLE ST**
CITY-ST-ZIP **PT ST LUCIE FL**

1.1 TITLE **P/D** ☒ Change ☐ Addition
1.2 NAME **RUSNAK, DEBBIE**
1.3 STREET ADDRESS **1565 SW KAMCHATKA AVE**
1.4 CITY-ST-ZIP **PORT ST LUCIE, FL 34953**

TITLE **VD** ☒ DELETE
NAME **RUSNAK, DEBBIE**
STREET ADDRESS **1565 SW KAMCHATKA AVE**
CITY-ST-ZIP **PT ST LUCIE FL**

2.1 TITLE **V/D** ☒ Change ☐ Addition
2.2 NAME **ALLEN, GINA B**
2.3 STREET ADDRESS **749 NW SABLE ST**
2.4 CITY-ST-ZIP **PORT ST LUCIE, FL 34983**

TITLE **T** ☒ DELETE
NAME **ALLEN, GINA B**
STREET ADDRESS **749 NW SABLE ST**
CITY-ST-ZIP **PT ST LUCIE FL**

3.1 TITLE **T/D/S** ☒ Change ☐ Addition
3.2 NAME **KRAUS, LIZBETH**
3.3 STREET ADDRESS **220 SW GROVE AVE**
3.4 CITY-ST-ZIP **PORT ST LUCIE, FL 34983**

TITLE **SD** ☒ DELETE
NAME **CONKLIN, NANCY**
STREET ADDRESS **1324 SE BAYHARBOR ST**
CITY-ST-ZIP **PT ST LUCIE FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **RS** ☒ DELETE
NAME **KRAUS, LIZ**
STREET ADDRESS **220 SW GROVE AVE**
CITY-ST-ZIP **PORT ST LUCIE FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **VD** ☒ DELETE
NAME **RUSNAK, DEBBIE**
STREET ADDRESS **650 VERONICA AVE**
CITY-ST-ZIP **PORT ST LUCIE FL**

6.1 TITLE ☐ Change ☐ 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 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:

Lizbeth Kraus

LIZBETH KRAUS

3/11/96

(401)

575-9994

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)