

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 10 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 # **737100** (8)
1. Corporation Name
GFWC PORT ST. LUCIE JUNIOR WOMAN'S CLUB, INC.

Principal Place of Business 400 SW RAVENSWOOD LN P. O. BOX 8534 PORT ST LUCIE FL 34983 US	Mailing Address P O BOX 8534 PORT ST LUCIE FL 34985-8534 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/21/1976		3a. Date of Last Report 03/20/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1753740		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KRAUS, ELIZABETH
220 SW GROVE AVE
PT ST LUCIE FL 34983**

81 Name Wendy Harris
82 Street Address (P.O. Box Number is Not Acceptable) 510 NW Cornell Ave
83
84 City Port St Lucie
85 Zip Code FL 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 Wendy Harris DATE 3-17-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSNAK, DEBBIE		1.2 NAME	Gina B. Allen	
STREET ADDRESS	1585 SW KAMCHATKA AVE		1.3 STREET ADDRESS	749 NW Sable St.	
CITY-ST-ZIP	PT ST LUCIE FL		1.4 CITY-ST-ZIP	Port St. Lucie FL 34983	
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, GINA B		2.2 NAME	Nancy Conklin	
STREET ADDRESS	749 NW SABLE CT		2.3 STREET ADDRESS	1324 S.E. Bay Harbor ST.	
CITY-ST-ZIP	PT ST LUCIE FL		2.4 CITY-ST-ZIP	Port St Lucie FL 34983	
TITLE	TDS	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAUS, ELIZABETH		3.2 NAME	Patti Clark	
STREET ADDRESS	220 SW GROVE AVE		3.3 STREET ADDRESS	3044 SW Circle ST.	
CITY-ST-ZIP	PT ST LUCIE FL		3.4 CITY-ST-ZIP	Port St Lucie FL 34953	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			4.2 NAME	Wendy Harris	
STREET ADDRESS			4.3 STREET ADDRESS	510 NW Cornell Ave.	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Port St Lucie FL 34983	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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.

CR2E037 (9/96)