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Feb 04 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 # **740124** (3)

1. Corporation Name

GFWC SANTA ROSA WOMAN'S CLUB INC.

Principal Place of Business

**819 BAY CLIFFS ROAD
GULF BREEZE FL 32561
US**

Mailing Address

**819 BAY CLIFFS ROAD
GULF BREEZE FL 32561-4809
US**



2. Principal Place of Business

21 P.O. BOX 423 *N/A*

Suite, Apt. #, etc.

22

City & State
23 Gulf Breeze, FL

Zip

24 32561

Country

25 Santa Rosa

2a. Mailing Address

26 P.O. Box 423 *N/A*

Suite, Apt. #, etc.

27

City & State
28 Gulf Breeze, FL

Zip

29 32561

Country

30 Santa Rosa

3. Date Incorporated or Qualified

09/14/1977

3a. Date of Last Report

03/04/1996

4. FEI Number

59-1709451

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

**GALLAGHER, MS. PRESLEY
3372 LAUREL DR.
GULF BREEZE FL 32561**

10. Name and Address of New Registered Agent

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

TITLE **PD** ☒ DELETE
NAME **BAILEY, KATHY**
STREET ADDRESS **1012 HARBORVIEW CIRCLE**
CITY-ST-ZIP **PENSACOLA FL**

TITLE **VD** ☐ DELETE
NAME **NEIGHBORS, CARLENE**
STREET ADDRESS **4974 HICKORY SHORES BLVD**
CITY-ST-ZIP **GULF BREEZE FL**

TITLE **VD** ☒ DELETE
NAME **BAILEY, KATHY**
STREET ADDRESS **46 HIGHPOINT DRIVE**
CITY-ST-ZIP **GULF BREEZE FL**

TITLE **V** ☒ DELETE
NAME **BARRETT, KATHY**
STREET ADDRESS **46 HIGHPOINT DR**
CITY-ST-ZIP **GULF BREEZE, FL 00000**

TITLE **S** ☐ DELETE
NAME **O'DEA, TERRY**
STREET ADDRESS **1212 RAMBLEWOOD DRIVE**
CITY-ST-ZIP **GULF BREEZE FL**

TITLE **T** ☐ DELETE
NAME **STRENGTH, JANIS**
STREET ADDRESS **3371 EDGEWATER DR**
CITY-ST-ZIP **GULF BREEZE FL 32561**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☐ Change ☒ Addition
1.2 NAME **Mrs. CAROLYN PFEIFFER**
1.3 STREET ADDRESS **4304 HICKORY SHORES BLVD.**
1.4 CITY-ST-ZIP **GULF BREEZE, FL 32561**

2.1 TITLE **V.P.D** ☐ Change ☒ Addition
2.2 NAME **Mrs. ANN STUCKEY**
2.3 STREET ADDRESS **4978 HICKORY SHORES BLVD**
2.4 CITY-ST-ZIP **GULF BREEZE, FL 32561**

3.1 TITLE **V.P.D** ☒ Change ☐ Addition
3.2 NAME **Mrs. JANIS STRENGTH**
3.3 STREET ADDRESS **3371 EDGEWATER DR.**
3.4 CITY-ST-ZIP **GULF BREEZE, FL 32561**

4.1 TITLE **T** ☐ Change ☒ Addition
4.2 NAME **Mrs. MARY MINSHALL**
4.3 STREET ADDRESS **819 BAYCLIFFS RD.**
4.4 CITY-ST-ZIP **GULF BREEZE, FL 32561**

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

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 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:

Mary Minshall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-97 (904) 932-2664
Date Daytime Phone # 0074183

CR2E037 (9/96)