

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 # **742348** (6)
1. Corporation Name
GFWC MYRTLE GROVE WOMAN'S CLUB, INCORPORATED



Principal Place of Business: 885 N 70TH AVE, PO BOX 3328, PENSACOLA FL 32516
Mailing Address: 885 N 70TH AVENUE, P.O. BOX 3328 N/A, PENSACOLA FL 32516-3528 US

3. Date Incorporated or Qualified: 04/12/1978
3a. Date of Last Report: 02/01/1995

21. Principal Place of Business: Suite, Apt #, etc., City & State, Zip, Country
22. Mailing Address: Suite, Apt. #, etc., City & State, Zip, Country
23. City & State
24. Zip, Country
25. Zip, Country
26. Mailing Address
27. Suite, Apt. #, etc., City & State
28. City & State
29. Zip, Country
30. Zip, Country

4. FEI Number: 59-6207793
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
RAU, H.E.
2 NORWOOD DR.
PENSACOLA FL 32506

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD CLAY, HELEN 89 N. 68TH AVE PENSACOLA, FL 00000	1.1 TITLE	PD HELEN CLAY 89 N. 68th Ave Pensacola, Fl 32506
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	PD CURRY, ESTHER 7821 TEMPLETON RD. PENSACOLA, FL 00000	2.1 TITLE	VD Marguerite Gustafson 4970 Catalina Cir. Pensacola Fl 32506
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	RS WALLER, CATHERINE 7025 WEATHERWOOD DR. PENSACOLA, FL 00000	3.1 TITLE	RS Catherine Waller 7025 Weatherwood Dr. Pensacola, Fl 32506
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	V SCHMOLL, VALERIA 7001 HEATHER OAKS DR PENSACOLA, FL 00000	4.1 TITLE	Os Ozelle Fluck 319 Calhoun Pensacola, Fl. 32507
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	S LOWE, HELEN 614 EDGECLIFF DR. PENSACOLA, FL 00000	5.1 TITLE	S Lisa Godvin 1602 Graupere St Pensacola, Fl. 32507
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	TD STRICKLAND, ALBERTA G 34 HUNTINGTON DR PENSACOLA FL	6.1 TITLE	TD Alberta G. Strickland 34 Huntington Dr. Pensacola, Fl. 32506
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the safe harbor provisions of Section 617.0503(4), 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: Alberta G. Strickland 1/24/96 904-456-6071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)