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Apr 09 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: 685 N 70TH AVE, PO BOX 3326, PENSACOLA FL 32516  
Mailing Address: 685 N 70TH AVENUE, P.O. BOX 3326 N/A, PENSACOLA FL 32516-3326 US

3. Date Incorporated or Qualified: 04/12/1978  
3a. Date of Last Report: 01/30/1996  
4. FEI Number: 59-6207793  
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

2. Principal Place of Business (21-23) and 2a. Mailing Address (24-30) fields with sub-headers for Suite, City & State, Zip, and Country.

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 (81-85)  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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: MARGARET E. GARRISON MICHELLE FREEMAN/EFL 4/3/97  
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	<input checked="" type="checkbox"/> DELETE
NAME	CLAY, HELEN	
STREET ADDRESS	89 N. 68TH AVE	
CITY-ST-ZIP	PENSACOLA, FL 00000	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GUSTAFSON, MARGUERITE	
STREET ADDRESS	4970 CATALINA CIRCLE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	RS	<input checked="" type="checkbox"/> DELETE
NAME	WALLER, CATHERINE	
STREET ADDRESS	7025 WEATHERWOOD DR.	
CITY-ST-ZIP	PENSACOLA, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FLUCK, OZELLE	
STREET ADDRESS	319 CALHOUN	
CITY-ST-ZIP	PENSACOLA, FL 00000	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	GODWIN, LISA	
STREET ADDRESS	1602 GRAUPERE STREET	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	STRICKLAND, ALBERTA G	
STREET ADDRESS	34 HUNTINGTON DR	
CITY-ST-ZIP	PENSACOLA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	KREHLY, MARTHA	
1.3 STREET ADDRESS	6780 BUNKER HILL CIRCLE	
1.4 CITY-ST-ZIP	PENSACOLA, FL 32506-5736	
2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	KORJUS, RUTH MARGARET	
2.3 STREET ADDRESS	124 LOVETT PLACE	
2.4 CITY-ST-ZIP	PENSACOLA, FL 32506-5265	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	GARRISON, MARGARET E	
3.3 STREET ADDRESS	1922 BROYHILL LANE	
3.4 CITY-ST-ZIP	PENSACOLA, FL 32526-6521	
4.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	FLUCK, OZELLE	
4.3 STREET ADDRESS	319 CALHOUN AVE	
4.4 CITY-ST-ZIP	PENSACOLA, FL 32507-2065	
5.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	HALLIGAN, DOROTHY	
5.3 STREET ADDRESS	422 BUNKER HILL DRIVE	
5.4 CITY-ST-ZIP	PENSACOLA, FL 32506-5651	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: MARGARET E. GARRISON MICHELLE FREEMAN/EFL 4/3/97 904-453-1274

CR2E037 (9/96)