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Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

4. FEI Number

59-6207793

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAU, H.E.  
2 NORWOOD DR.  
PENSACOLA FL 32506

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

7/23/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
KREHELY, MARTHA  
6780 BUNKER HILL CIRCLE  
PENSACOLA, FL 00000

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
KORJUS, RUTH MARGARET  
124 LOVETT PLACE  
PENSACOLA FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
GARRISON, MARGARET E.  
1922 BROYHILL LANE  
PENSACOLA, FL 00000

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
FLUCK, OZELLE  
319 CALHOUN AVE  
PENSACOLA FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
HALLIGAN, DOROTHY  
422 BUNKER HILL DRIVE  
PENSACOLA FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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: M.G.W. SIGNATURE: MARGARET E. GARRISON 7/23/98 850-453-1274

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0075177

CR2E037 (10/97)