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**Jun 01, 1999 8:00 am**  
**Secretary of State**

06-01-1999 90023 037 \*\*\*\*61.25

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 742348**

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
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21 Principal Place of Business <i>same</i>	2a Mailing Address <i>same</i>	3. Date Incorporated or Qualified <b>04/12/1978</b>
22 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>59-6207793</b>
23 City & State	27 City & State	Applied For <input type="checkbox"/> Not Applicable
24 Zip	28 Zip	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
25 Country	29 Country	6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
30 Country		

9. Name and Address of Current Registered Agent  <b>RAU, H.E.</b> <b>2 NORWOOD DR.</b> <b>PENSACOLA FL 32506</b>	10. Name and Address of New Registered Agent 81 Name <b>Mildred E. Schonthaler</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>409 Tonawanda Dr</b> 83 84 City <b>Pensacola,</b> FL 85 Zip Code <b>32506</b>
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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 *Mildred E. Schonthaler* DATE *May 27, 1999*  
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 VD NAME KREHELY, MARTHA STREET ADDRESS 6780 BUNKER HILL CIRCLE CITY-ST-ZIP PENSACOLA, FL 00000	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P.D. 1.2 NAME Krehely, Martha 1.3 STREET ADDRESS 6780 Bunker Hill Circle 1.4 CITY-ST-ZIP Pensacola, Florida 32506	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME GARRISON, MARGARET E. STREET ADDRESS 1922 BROYHILL LANE CITY-ST-ZIP PENSACOLA, FL 00000	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VD 2.2 NAME Catherine Waller 2.3 STREET ADDRESS 7025 Weatherwood Drive 2.4 CITY-ST-ZIP Pensacola, Florida 32506	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME FLUCK, OZELLE STREET ADDRESS 319 CALHOUN AVE CITY-ST-ZIP PENSACOLA FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE TD 3.2 NAME Connie M. Lucas 3.3 STREET ADDRESS 7102 Olsen Road 3.4 CITY-ST-ZIP Pensacola, Florida 32506	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: *Connie M. Lucas* DATE *27 May 1999* DAYTIME PHONE # *850 456-5392*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)