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

FILED
96 MAY 10 PM 5:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **742898** **(0)**

1. Corporation Name

G.F.W.C. CORAL SPRINGS WOMAN'S CLUB INC.

Principal Place of Business	Mailing Address
PO BOX 8317 CORAL SPRINGS FL 33075 US	PO BOX 8317 CORAL SPRINGS FL 33075 US

3. Date Incorporated or Qualified: **05/18/1978**
3a. Date of Last Report: **02/15/1995**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: **23-7115035** ☐ 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

SOMMERER, DIANE K.
1881 UNIVERSITY DRIVE #107
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
700001821457
83 -05/15/96--01008--003
*****61.25 *****61.25
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 _____ DATE
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	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BUCKLY, JUNE		1.2 NAME	
STREET ADDRESS	2810 NW 115TH TER		1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	PERES, ELOISE		2.2 NAME	
STREET ADDRESS	631 NW 100TH WAY		2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS, FL 00000		2.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CIROCCO, CONNIE		3.2 NAME	
STREET ADDRESS	2430 NW 107TH AVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS, FL 00000		3.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	ROESSIGER, LINDA		4.2 NAME	
STREET ADDRESS	9600 NW 42ND ST		4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS, FL 00000		4.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	NOVAK, SNADRA		5.2 NAME	
STREET ADDRESS	1351 NW 11 CT		5.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL		5.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	GREENWOOD, JOYCE		6.2 NAME	
STREET ADDRESS	8693 NW 7TH LANE		6.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL		6.4 CITY-ST-ZIP	

MPL 5-10-96

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Joyce Greenwood 5-6-96 954-753-8918
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Joyce Greenwood, Treasurer