FILE NOW: FILING FEE IS $61.25

FILED
Apr 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 742898 (0)

1. Corporation Name
G.F.W.C. Coral Springs Women's Club, Inc.

Principal Place of Business	Mailing Address
PO Box 8317 Coral Springs, FL 33075 US	POBox 8317 Coral Springs, FL 33075 US

3. Date Incorporated or Qualified: 05/18/1978 | 3a. Date of Last Report: 04/16/97

4. FEI Number: 23-7115035 ☐ Applied For ☐ Not Applicable

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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)
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 _____ 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	Laux, Kathleen		1.2 NAME	
STREET ADDRESS	610 NW 104 Ave		1.3 STREET ADDRESS	
CITY-ST-ZIP	Coral Springs, FL 33071-8801		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Lee, Virginia		2.2 NAME	
STREET ADDRESS	1265 NW 84 Drive		2.3 STREET ADDRESS	
CITY-ST-ZIP	Coral Springs, FL 33071-6787		2.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Buckley, June		3.2 NAME	
STREET ADDRESS	2810 NW 115 Terrace		3.3 STREET ADDRESS	
CITY-ST-ZIP	Coral Springs, FL 33065-3438		3.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	Novak, Sandra		4.2 NAME	4/10
STREET ADDRESS	11351 NW 11 Court		4.3 STREET ADDRESS	
CITY-ST-ZIP	Coral Springs, FL 33071-6313		4.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	5.1 TITLE	400002485301 ☐ Change ☐ Addition
NAME	Tarullo, Nan		5.2 NAME	-04/10/98--01019--022
STREET ADDRESS	10680 NW 17 Court		5.3 STREET ADDRESS	***61.25
CITY-ST-ZIP	Coral Springs, FL 33071-4279		5.4 CITY-ST-ZIP	
TITLE	S	☒ DELETE	6.1 TITLE	S ☒ Change ☐ Addition
NAME	Santoro, Nina		6.2 NAME	Greenwood, Joyce
STREET ADDRESS	1101 Congressional Way		6.3 STREET ADDRESS	8693 NW 7 Lane
CITY-ST-ZIP	Deerfield Beach, FL 33442-9162		6.4 CITY-ST-ZIP	Coral Springs, FL 33071-7120

CR2E037 (10/97)

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: Nan Tarullo (NAN TARULLO) 4/7/98 (954) 752-3644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #