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NONPROFIT CORPORATION ANNUAL REPORT **1999**

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

DOCUMENT # 742898

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

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)

3. Date Incorporated or Qualifed: 05/18/1978

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

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

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

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	PD	☒ Change ☐ Addition
NAME	LAUX, KATHLEEN		1.2 NAME	Van Hoff, Suzanne	
STREET ADDRESS	610 NW 104 AVE		1.3 STREET ADDRESS	4334 NW 65 Terrace	
CITY-ST-ZIP	CORAL SPRINGS FL 33071-8801		1.4 CITY-ST-ZIP	Coral Springs, FL 33067-4279	
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LEE, VIRGINA		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	VD	☒ Change ☐ Addition
NAME	BUCKLEY, JUNE		3.2 NAME	Laux, Kathleen	
STREET ADDRESS	2810 NW 115 TERR		3.3 STREET ADDRESS	610 NW 104 Ave	
CITY-ST-ZIP	CORAL SPRINGS FL 33065-3438		3.4 CITY-ST-ZIP	Coral Springs, FL 33071-8801	
TITLE	VD	☒ DELETE	4.1 TITLE	VD	☒ Change ☐ Addition
NAME	NOVAK, SANDRA		4.2 NAME	Alexander Jean	
STREET ADDRESS	11351 NW 11 CT		4.3 STREET ADDRESS	11556 NW 11 Drive	
CITY-ST-ZIP	CORAL SPRINGS FL 33071-6313		4.4 CITY-ST-ZIP	Parkland, FL 33067-3933	
TITLE	T	☒ DELETE	5.1 TITLE	T	☒ Change ☐ Addition
NAME	TARYLLO, NAN		5.2 NAME	Wattenberg, Judith	
STREET ADDRESS	10680 NW 17 CT		5.3 STREET ADDRESS	11020 Seahibiscus Lane	
CITY-ST-ZIP	CORAL SPRINGS FL 33071-4279		5.4 CITY-ST-ZIP	Tamarac, FL 33321-9204	
TITLE	S	☒ DELETE	6.1 TITLE	S	☒ Change ☐ Addition
NAME	GREENWOOD, JOYCE		6.2 NAME	Gilooly, Ruth Ann	
STREET ADDRESS	8693 NW 7TH LANE		6.3 STREET ADDRESS	1957 NW 113 Way	
CITY-ST-ZIP	CORAL SPRINGS FL 33072-7120		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, with all other like empowered.

SIGNATURE: Judith A. Wattenberg **REQUIRED** Judith A Wattenberg 4/14/99 954-724-7211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)