

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **754784** (7)

1. Corporation Name

**GFWC LANTANA WOMAN'S CLUB, INC.**



Principal Place of Business

P.O. BOX 3813  
LANTANA FL 33465-0813

Mailing Address

P.O. BOX 3813  
LANTANA FL 33465-0813

3. Date Incorporated or Qualified  
**10/23/1980**

3a. Date of Last Report  
**02/01/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

**LANTANA FLORIDA**

28

Zip

Country

Zip

Country

24

**33465-0813**

25

**U.S.A.**

29

30

**U.S.A.**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LARRABEE, HARRIET  
7030 HALF MOON CIR #514  
HYPOLUXO FL 33462**

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **CD** ☒ DELETE  
NAME **OLSON, INO**  
STREET ADDRESS **410 WEAT PALM #6**  
CITY-ST-ZIP **LANTANA FL**

1.1 TITLE **CD** ☒ Change ☐ Addition  
1.2 NAME **GARDNER, BETTY**  
1.3 STREET ADDRESS **1203 WEST PINE ST.**  
1.4 CITY-ST-ZIP **LANTANA FL**

TITLE **PD** ☒ DELETE  
NAME **LARRABEE, HARRIET**  
STREET ADDRESS **7030 HALF MOON CIRC. #514**  
CITY-ST-ZIP **LANTANA FL**

2.1 TITLE **PD** ☒ Change ☐ Addition  
2.2 NAME **NOWICKI, EVELYN**  
2.3 STREET ADDRESS **1412 LAKEVIEW DR**  
2.4 CITY-ST-ZIP **LAKE WORTH, FL 33461**

TITLE **VP** ☒ DELETE  
NAME **SABA, SALLY**  
STREET ADDRESS **502 BRANCH ST**  
CITY-ST-ZIP **LANTANA FL**

3.1 TITLE **VP** ☒ Change ☐ Addition  
3.2 NAME **MARGARET GOLDNER**  
3.3 STREET ADDRESS **NEWPORT PLACE #338**  
3.4 CITY-ST-ZIP **LANTANA FL**

TITLE **T** ☐ DELETE  
NAME **ROSS, VIOLA**  
STREET ADDRESS **718 PALM ST**  
CITY-ST-ZIP **LANTANA FL**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **VP** ☐ DELETE  
NAME **SCARBERRY, GRACE**  
STREET ADDRESS **1127 SEA PINES WAY**  
CITY-ST-ZIP **LANTANA FL**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **S** ☒ DELETE  
NAME **GOLDNER, MARGARET**  
STREET ADDRESS **NEWPORT PLACE #338**  
CITY-ST-ZIP **LANTANA FL**

6.1 TITLE **S** ☒ Change ☐ Addition  
6.2 NAME **JEAN SHELLY**  
6.3 STREET ADDRESS **928 WEST PINE ST.**  
6.4 CITY-ST-ZIP **LANTANA FL 33462**

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:

**Viola Ross - VIOLA ROSS 2-1-96 401/582-4234**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)