FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 3:16

DOCUMENT # **759092** **(0)**

1. Corporation Name

GFWC JUNIOR WOMEN'S CLUB OF SANFORD, INC.

Principal Place of Business	Mailing Address
P.O. BOX 2618 SANFORD FL 32772-2618	P.O. BOX 2618 SANFORD FL 32772-2618

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/10/1981
3a. Date of Last Report: 12/15/1994
4. FEI Number: 59-2125724 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

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)

9. Name and Address of Current Registered Agent

CRAWFORD, NANCY
269 WASHINGTON AVE
LAKE MARY FL 32746

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when name changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD ☒ Change ☐ Addition
NAME	LEE, TINA	12 NAME	GARRITANI,LINDA
STREET ADDRESS	423 W. 18TH STREET	13 STREET ADDRESS	100 VENETIAN COURT
CITY-ST-ZIP	SANFORD FL	14 CITY-ST-ZIP	SANFORD, FL 32771
TITLE	VD	21 TITLE	VD ☒ Change ☐ Addition
NAME	GARRITANI, LINDA	22 NAME	GOODMAN,TERRI
STREET ADDRESS	727 SUGARBAY WAY #111	23 STREET ADDRESS	6003 AUGUSTA NAT'l DR.#214
CITY-ST-ZIP	LAKE MARY FL	24 CITY-ST-ZIP	ORLANDO, FL 32822
TITLE	VD	31 TITLE	VD ☒ Change ☐ Addition
NAME	VON HERBULIS, LORI	32 NAME	BALES, MYRA
STREET ADDRESS	133 KAYWOOD DRIVE	33 STREET ADDRESS	152 MAYFAIR COURT
CITY-ST-ZIP	SANFORD FL	34 CITY-ST-ZIP	SANFORD, FL 32771
TITLE	VD	41 TITLE	VD ☒ Change ☐ Addition
NAME	BALES, MYRA	42 NAME	VON HERBULIS, LORI
STREET ADDRESS	152 MAYFAIR CT.	43 STREET ADDRESS	7399 CANAL DRIVE
CITY-ST-ZIP	SANFORD FL	44 CITY-ST-ZIP	SANFORD, FL 32771
TITLE	TD	51 TITLE	TD ☒ Change ☐ Addition
NAME	SCHIRARD, BARBARA	52 NAME	HUGHES, ASHLEY
STREET ADDRESS	100 VENETIAN CT.	53 STREET ADDRESS	200 LONGWOOD-LAKE MARY ROAD
CITY-ST-ZIP	SANFORD FL	54 CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	SD	61 TITLE	SD ☒ Change ☐ Addition
NAME	HUGHES, ASHLEY	62 NAME	PANZELLA, EVELYN
STREET ADDRESS	609 ORANGE ST.	63 STREET ADDRESS	2837 SUN LAKE LOOP #301
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	64 CITY-ST-ZIP	LAKE MARY, FL 32746

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)(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: Ashley C. Hughes 3/3/95 (407) 323-1891
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ASHLEY C. HUGHES

000001B