

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

DOCUMENT # 759092 (0)
1. Corporation Name
GWFC JUNIOR WOMEN'S CLUB OF SANFORD, INC.



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

Mailing Address
**P.O. BOX 2618
SANFORD FL 32772-2618**

3. Date Incorporated or Qualified
07/10/1981

3a. Date of Last Report
03/08/1995

4. FEI Number
59-2125724

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

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
Garritani, Linda

82 Street Address (P.O. Box Number is Not Acceptable)
100 Venetian Court

83 City
Sanford

84 Zip Code
FL 32771

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 *Linda Garritani*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GARRITANI, LINDA	
STREET ADDRESS	100 VENETIAN COURT	
CITY - ST - ZIP	SANFORD FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GOODMAN, TERRI	
STREET ADDRESS	6003 AUGUSTA NAT'L DR #214	
CITY - ST - ZIP	ORLANDO FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BALES, MYRA	
STREET ADDRESS	152 MAYFAIR COURT	
CITY - ST - ZIP	SANFORD FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	VON HERBULIS, LORI	
STREET ADDRESS	7399 CANAL DRIVE	
CITY - ST - ZIP	SANFORD FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HUGHES, ASHLEY	
STREET ADDRESS	200 LONGWOOD-LAKE MARY ROAD	
CITY - ST - ZIP	LAKE MARY FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PANZELLA, EVELYN	
STREET ADDRESS	2837 SUN LAKE LOOP #301	
CITY - ST - ZIP	LAKE MARY F	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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: *Ashley Hughes*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/96 323-0891
Date Daytime Phone #

CR2E037 (12/95)