

FILE NOW: FILING FEE IS \$61.25

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Feb 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 759092 (0)

1. Corporation Name
GFWC 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
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3. Date Incorporated or Qualified 07/10/1981	3a. Date of Last Report 02/23/1996
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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
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4. FEI Number 59-2125724	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**GARITANI, LINDA
100 VENETIAN COURT
SANFORD FL 32771**

10. Name and Address of New Registered Agent

81 Name **GORMAN, SANDY**
 82 Street Address (P.O. Box Number is Not Acceptable)
4334 MEETING PLACE
 83
 84 City **SANFORD** **FL** 85 Zip Code **32773**

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 **SANDY GORMAN/TREASURER** *Sandy Gorman* DATE **2/10/97**

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 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 checked="" type="checkbox"/> DELETE
NAME	PANZELLA, EVELYN	
STREET ADDRESS	2837 SUN LAKE LOOP #301	
CITY-ST-ZIP	LAKE MARY F	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HUGHES, JEANA	
1.3 STREET ADDRESS	2108 CORDOVA DRIVE	
1.4 CITY-ST-ZIP	SANFORD FL 32771	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VON HERBULIS, LORI	
2.3 STREET ADDRESS	7399 CANAL DRIVE	
2.4 CITY-ST-ZIP	SANFORD FL 32771	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GORMAN, SANDY	
3.3 STREET ADDRESS	4334 MEETING PLACE	
3.4 CITY-ST-ZIP	SANFORD FL 32773	
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 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: *Sandy Gorman* DATE: _____ Daytime Phone #: **0014602**

CR2E037 (9/96)