

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 11:03

DOCUMENT # 762973 (6)

1. Corporation Name

GULF BEACH WOMAN'S CLUB, INC.

Principal Place of Business

970 45TH AVENUE N.E.
C/O ALBERT E. CRISPELL, JR.
ST. PETERSBURG FL 33703

Mailing Address

970 45TH AVENUE N.E.
C/O ALBERT E. CRISPELL, JR.
ST. PETERSBURG FL 33703

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/26/1982

3a. Date of Last Report

04/14/1994

4. FEI Number

59-2131466

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

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

CRISPELL, ALBERT E., JR.
970 45TH AVENUE N.E.
ST. PETERSBURG FL 33703

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

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when installing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME FALK, JEAN
STREET ADDRESS 4745 MOHEGAN RD N
CITY-ST-ZIP SEMINOLE FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD
NAME DAVIS, CONSTANCE
STREET ADDRESS 12971 FARMINGTON TR
CITY-ST-ZIP SEMINOLE FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD
NAME WARMURST, EVELYN
STREET ADDRESS 5980 80 ST N APT 108
CITY-ST-ZIP ST. PETERSBURG FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE VD
NAME NERVIANI, RUTH
STREET ADDRESS 7975 58 AVE N APT 311
CITY-ST-ZIP ST. PETERSBURG FL

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

☐ Change ☐ Addition

TITLE SD
NAME HANSON, HELEN
STREET ADDRESS 17117 GULF BLVD
CITY-ST-ZIP N REDINGTON BCH. FL

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

☐ Change ☐ Addition

TITLE YD
NAME MCDERMOTT, NEVA
STREET ADDRESS 377 BOCA CIEGA PT BL N
CITY-ST-ZIP ST. PETERSBURG FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 110.07(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:

NEVA MCDERMOTT

NEVA MCDERMOTT

3/20/95

87-31391-3294

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Title

Signature Number