

FILE NOW: FILING FEE IS \$61.25

FILED
May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **762973** (6)

1. Corporation Name

GFWC GULF BEACH WOMAN'S CLUB, INC.

Principal Place of Business

Mailing Address

FLORENCE S NICELEY
4500 1ST AVE NO
ST PETERSBURG FL 33713
US

FLORENCE S NICELEY
4500 1ST AVE NO
ST. PETERSBURG FL 33713
US

3. Date Incorporated or Qualified

04/26/1982

4. FEI Number

59-2131466

Applied For

Not Applicable

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

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NICELEY, FLORENCE S
4500 1ST AVE NORTH
ST. PETERSBURG FL 33713

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 *Florence S. Niceley, Trus.*

4/20/98

Signature must be printed name of officer or director if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ENLERS, MARION	
STREET ADDRESS	14100 61ST AVE. N.	
CITY-ST-ZIP	SEMINOLE FL 34648	

1.1 TITLE	D.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	McC Pherson, Joanne	
1.3 STREET ADDRESS	5-163rd AVE	
1.4 CITY-ST-ZIP	Redington Beach, FL 33708	

TITLE	D	<input type="checkbox"/> DELETE
NAME	WARHURST, EVELYN	
STREET ADDRESS	5980 80TH ST., N. APT. 108	
CITY-ST-ZIP	ST. PETERSBURG FL 33709	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> DELETE
NAME	DAVIS, CONSTANCE	
STREET ADDRESS	12971 FARMINGTON TRAIL	
CITY-ST-ZIP	SEMINOLE FL 34648	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

TITLE	TRUS	<input checked="" type="checkbox"/> DELETE
NAME	NEWMAN, RUTH	
STREET ADDRESS	7075 58 AVE N APT 311	
CITY-ST-ZIP	ST. PETERSBURG FL 33709	

4.1 TITLE	TRUS.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Thomas, Lily	
4.3 STREET ADDRESS	11620 Shipwatch Ave. #1420	
4.4 CITY-ST-ZIP	Largo, FL 33774	

TITLE	TRUS	<input checked="" type="checkbox"/> DELETE
NAME	MOPHERSON, JOANNE	
STREET ADDRESS	5163 AVE.	
CITY-ST-ZIP	REDINGTON BEACH FL 33708	

5.1 TITLE	TRUS.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Falk, Jean	
5.3 STREET ADDRESS	17106 Gulf Blvd. #314	
5.4 CITY-ST-ZIP	No. Redington Beach, FL 33706	

TITLE	TRUS NICELEY	<input type="checkbox"/> DELETE
NAME	NICELEY, FLORENCE	
STREET ADDRESS	4500 1ST AVE. N.	
CITY-ST-ZIP	ST. PETERSBURG FL 33713	

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 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: *Joanne McC Pherson*

4/29/98

813-391-7327

CR2E037 (10/97)