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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 762973

1. Corporation Name

GWFC GULF BEACH WOMAN'S CLUB, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

04/26/1982

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

9. Name and Address of Current Registered Agent

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

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 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

Signature, typed or printed name of registered agent and title 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 ☐ DELETE

NAME MACPHERSON, JOANNE

STREET ADDRESS 5-163RD AVE

CITY-ST-ZIP REDINGTON BEACH FL 33708

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D ☐ DELETE

NAME WARHURST, EVELYN

STREET ADDRESS 5980 80TH ST., N. APT. 108

CITY-ST-ZIP ST. PETERSBURG FL 33709

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D ☐ DELETE

NAME DAVIS, CONSTANCE

STREET ADDRESS 12971 FARMINGTON TRAIL

CITY-ST-ZIP SEMINOLE FL 34646

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE T ☐ DELETE

NAME THOMAS, LILY

STREET ADDRESS 11620 SHIPWATCH AVE, #1420

CITY-ST-ZIP LARGO FL 33774

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE T ☐ DELETE

NAME FALK, JEAN

STREET ADDRESS 17105 GULF BLVD, #314

CITY-ST-ZIP N REDINGTON BCH FL 33708

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE TRUS ☐ DELETE

NAME NICELEY, FLORENCE

STREET ADDRESS 4500 1ST AVE. N.

CITY-ST-ZIP ST. PETERSBURG FL 33713

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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, with all other like empowered.

SIGNATURE:

Florence S. Niceley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/99
Date

(727) 321-9746
Daytime Phone #

CR2E037 (11/98)