

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 767063

1. Corporation Name

FLORIDA GULF COAST CHAPTER (FL-2) OF THE WOMEN M
ARINES ASSOCIATION, INC.

Principal Place of Business

C-107, 19417 GULF BLVD.
INDIAN ROCKS BEACH FL 33785
US

Mailing Address

C-107, 19417 GULF BLVD.
INDIAN ROCKS BEACH FL 33785
US

FILED
Mar 03, 1999 8:00 am
Secretary of State

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03-03-1999 90109 040 ****61.25



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 26 27 28 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

02/17/1983

4. FEI Number

23-7101757

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Added to Fees

9. Name and Address of Current Registered Agent

81 Name

MORT, LOTUS T.
C107, 19417 GULF BLVD.
INDIAN ROCKS BCH FL 33785

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

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME HODGES, RUTH
STREET ADDRESS 404 87 AVE SE
CITY-ST-ZIP ST PETERSBURG FL 33702

1.1 TITLE PD
1.2 NAME LEANOR W PURSER
1.3 STREET ADDRESS 4895 BAY ST NE # 311
1.4 CITY-ST-ZIP ST PETERSBURG 71 33703

Change Addition

TITLE VPD
NAME KELLY, KAREN
STREET ADDRESS 1033 CHINA BERY RD
CITY-ST-ZIP CLEARWATER FL 33764

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

Change Addition

TITLE SD
NAME JOHNSON, CAROL
STREET ADDRESS 6600 9 AVE N.
CITY-ST-ZIP ST. PETERSBURG FL 33710

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

Change Addition

TITLE D
NAME MORGAN, SYLVIA
STREET ADDRESS 13002 87TH AVE N
CITY-ST-ZIP SEMINOLE FL 33776

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

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Sylvia D Morgan* *Sylvia D Morgan* *2-9-99* *(727) 392-4620*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)