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

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**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



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

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 ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

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

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

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

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

TITLE D ☐ DELETE
NAME MORGAN, SYLVIA
STREET ADDRESS 13662 87TH AVE N
CITY-ST-ZIP SEMINOLE FL 33776

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME ELEANOR W PURSER
1.3 STREET ADDRESS 4895 BAY ST NE #311
1.4 CITY-ST-ZIP ST PETERSBURG 71 33703

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

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

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

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

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

Sylvia D Morgan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-9-99 (727) 392-4620

CR2E037 (1/98)