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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N17281**

1. Corporation Name
THE GFWC TAMPA JUNIOR WOMAN'S CLUB, INC.

Principal Place of Business	Mailing Address
2901 BAYSHORE BLVD TAMPA FL 33629-7404	4409 W. VARN AVENUE TAMPA FL 33616

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualifed
10/13/1986

4. FEI Number
59-6159892
☐ Applied For
☐ Not Applicable

5. Certifcate 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

GEARY, CATHY
4409 W. VARN AVE.
TAMPA FL 33616

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 Cathy Geary 2/16/99
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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	STAUFFER, SHARON		1.2 NAME		
STREET ADDRESS	8649 N. HIMES AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LUPIA, ELIZABETH		2.2 NAME		
STREET ADDRESS	1210 DRUID		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33629		2. 4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	3.1 TITLE	SD	☐ Change ☒ Addition
NAME	MCELFATRICK, HEALTHER ANN		3.2 NAME	Beth Mills	
STREET ADDRESS	6301 S. WESTSHORE #1420		3.3 STREET ADDRESS	2727 W. Fletcher Ave Apt 26D	
CITY-ST-ZIP	TAMPA FL 33616		3.4. CITY-ST-ZIP	Tampa, FL 33618	
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GEARY, CATHY		4. 2 NAME		
STREET ADDRESS	4409 W. VARN AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33616		4.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	5.1 TITLE	aVPD	☐ Change ☒ Addition
NAME	KORCHNAK, CLAUDIA		5.2 NAME	Joy Jones	
STREET ADDRESS	816 BILLS CIRCLE		5.3 STREET ADDRESS	4702 W Iowa	
CITY-ST-ZIP	BRANDON FL		5.4 CITY-ST-ZIP	Tampa, FL 33616	
TITLE	PD	☒ DELETE	6.1 TITLE	3VPD	☐ Change ☒ Addition
NAME	BARKSDALE, CATHY		6.2 NAME	Janice Long	
STREET ADDRESS	4409 W. VARN AVENUE		6.3 STREET ADDRESS	3713 Empedrado	
CITY-ST-ZIP	TAMPA FL		6.4 CITY-ST-ZIP	Tampa, FL 33629	

CR2E037 (11/98)

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: Cathy Geary **SIGNATURE REQUIRED** CATHY GEARY 2/16/99 (813)839 6100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #