FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N18250** **(3)**

1. Corporation Name

G.F.W.C. PALM HARBOR JUNIOR WOMAN'S CLUB, INC.

Principal Place of Business	Mailing Address
P O BOX 290 PALM HARBOR FL 34682-0290	P O BOX 290 PALM HARBOR FL 34682-0290

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/15/1986**
3a. Date of Last Report: **03/21/1994**
4. FEI Number: **59-2292228** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

BRANDT, MARK W., ESQUIRE
595 MAIN STREET
DUNEDIN FL 33528

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☑ Change ☐ Addition
NAME	BENNETT, LORI	12 NAME	Rachelle Warmouth	
STREET ADDRESS	3816 WINDBER BLVD	13 STREET ADDRESS	6 Eagle Lane	
CITY-ST-ZIP	PALM HARBOR FL	14 CITY-ST-ZIP	Palm Harbor Fl.	
TITLE	VPD	21 TITLE	VPD	☑ Change ☐ Addition
NAME	SIMON, PATTI	22 NAME	Molly Cole	
STREET ADDRESS	2532 LAKESIDE CT	23 STREET ADDRESS	299 Oak Circle	
CITY-ST-ZIP	PALM HARBOR FL	24 CITY-ST-ZIP	Palm Harbor, Fl.	
TITLE	SD	31 TITLE	VPD	☑ Change ☐ Addition
NAME	MATTER, LYNN	32 NAME	Patty Torchia	
STREET ADDRESS	338 OLD OAK CIRCLE	33 STREET ADDRESS	3421 Dove Hollow Ct.	
CITY-ST-ZIP	PALM HARBOR FL	34 CITY-ST-ZIP	Palm Harbor Fl.	
TITLE	TD	41 TITLE	SD	☑ Change ☐ Addition
NAME	GRIFFITH, KATHY	42 NAME	Carol Klaus	
STREET ADDRESS	2350 CYPRESS POND ROAD #1805	43 STREET ADDRESS	1393 Stonehenge Way	
CITY-ST-ZIP	PALM HARBOR FL	44 CITY-ST-ZIP	Palm Harbor, Fl. 34683	
TITLE		51 TITLE	TD	☑ Change ☐ Addition
NAME		52 NAME	Andrea Sainsbury	
STREET ADDRESS		53 STREET ADDRESS	2831 Jarvis Circle	
CITY-ST-ZIP		54 CITY-ST-ZIP	Palm Harbor, Fl.	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0046048