

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N18250 (3)

1. Corporation Name

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

Principal Place of Business

P O BOX 290
PALM HARBOR FL 34682-0290

Mailing Address

P O BOX 290
PALM HARBOR FL 34682-0290



3. Date Incorporated or Qualified
12/15/1986

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 PD
NAME WARMOUTH, RACHELLE
STREET ADDRESS 6 EAGLE LANE
CITY-ST-ZIP PALM HARBOR FL ☐ DELETE

1.1 TITLE PD
1.2 NAME WARMOUTH, RACHELLE
1.3 STREET ADDRESS 6 EAGLE LANE
1.4 CITY-ST-ZIP PALM HARBOR, FL 34683 ☐ Change ☐ Addition

TITLE VPD
NAME COLE, MOLLY
STREET ADDRESS 299 OLD OAK CIRCLE
CITY-ST-ZIP PALM HARBOR FL ☒ DELETE

2.1 TITLE VPD
2.2 NAME ROBINSON, CATHY
2.3 STREET ADDRESS 243 OLD OAK CIRCLE
2.4 CITY-ST-ZIP PALM HARBOR, FL 34683 ☒ Change ☐ Addition

TITLE VPD
NAME TORCHIA, PATTY
STREET ADDRESS 3421 DOVE HOLLOW CT
CITY-ST-ZIP PALM HARBOR FL ☒ DELETE

3.1 TITLE VPD
3.2 NAME ULGENALP, LISA
3.3 STREET ADDRESS 212 SHORE DRIVE
3.4 CITY-ST-ZIP PALM HARBOR, FL 34683 ☒ Change ☐ Addition

TITLE SD
NAME KLAUS, CAROL
STREET ADDRESS 1393 STONEHENGE WAY
CITY-ST-ZIP PALM HARBOR FL ☒ DELETE

4.1 TITLE SD
4.2 NAME ANDERSON, VALERIE
4.3 STREET ADDRESS 2516 GULFBREEZE CIRCLE
4.4 CITY-ST-ZIP PALM HARBOR, FL 34683 ☒ Change ☐ Addition

TITLE TD
NAME SAINSBURY, ANDREA
STREET ADDRESS 2831 JARVIS CIRCLE
CITY-ST-ZIP PALM HARBOR FL ☒ DELETE

5.1 TITLE TD
5.2 NAME DAVIS, PAMELA
5.3 STREET ADDRESS 122 LAKESHORE DR E
5.4 CITY-ST-ZIP PALM HARBOR, FL 34684 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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)(k), 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

4/23/96

813 934 1550

Date

Daytime Phone #

CR2E037 (12/95)