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FILED

Feb 17 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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

Mailing Address

P O BOX 280  
PALM HARBOR FL 34682-0280P O BOX 280  
PALM HARBOR FL 34682-0280

3. Date Incorporated or Qualified

12/15/1986

3a. Date of Last Report

04/29/1996

4. FEI Number

59-2292228

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. 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 ☒ DELETE  
NAME WARMOUTH, RACHELLE  
STREET ADDRESS 6 EAGLE LANE  
CITY-ST-ZIP PALM HARBOR FL1.1 TITLE P/D ☐ Change ☒ Addition  
1.2 NAME Davis, Pamela  
1.3 STREET ADDRESS 122 Lakeshore Dr., E.  
1.4 CITY-ST-ZIP Palm Harbor, FL 34683TITLE VPD ☒ DELETE  
NAME ROBINSON, CATHY  
STREET ADDRESS 243 OLD OAK CIRCLE  
CITY-ST-ZIP PALM HARBOR FL2.1 TITLE VP/D ☐ Change ☒ Addition  
2.2 NAME Wyatt, Donna  
2.3 STREET ADDRESS 2043 N. Pointe Alexis Dr.  
2.4 CITY-ST-ZIP Tarpon Springs, FL 34689TITLE VPD ☒ DELETE  
NAME ULGENALP, LISA  
STREET ADDRESS 212 SHORE DR  
CITY-ST-ZIP PALM HARBOR FL3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE SD ☐ DELETE  
NAME ANDERSON, VALERI  
STREET ADDRESS 2516 GULFBREED CIRCLE  
CITY-ST-ZIP PALM HARBOR FL4.1 TITLE T/D ☒ Change ☐ Addition  
4.2 NAME Anderson, Valerie  
4.3 STREET ADDRESS 2516 Gulfbreeze Circle  
4.4 CITY-ST-ZIP Palm Harbor, FL 34683TITLE TD ☒ DELETE  
NAME PAMELA, DAVIS  
STREET ADDRESS 122 LAKESHORE DR  
CITY-ST-ZIP PALM HARBOR FL5.1 TITLE S/D ☐ Change ☒ Addition  
5.2 NAME McKibben, Nancy  
5.3 STREET ADDRESS 401 Ulelah Ave.  
5.4 CITY-ST-ZIP Palm Harbor, FL 34683TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0066556

CR2E037 (9/96)