

FILE NOW: FILING FEE IS \$61.25

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Feb 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 12/15/1986	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
4. FEI Number 59-2292228	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DAVIS PAMELA	
STREET ADDRESS	122 LAKESHORE DR E	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	WYATT DONNA	
STREET ADDRESS	2043 N POINTE ALEXIS DR	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ANDERSON, VALERI	
STREET ADDRESS	2516 GULFBREED CIRCLE	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MCKIBBEN, NANCY	
STREET ADDRESS	401 ULELAH AVE	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MCKIBBEN, NANCY	
1.3 STREET ADDRESS	401 ULELAH AVENUE	
1.4 CITY-ST-ZIP	Palm Harbor, FL 34683	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Powers, Erin	
2.3 STREET ADDRESS	6603 Athens Street	
2.4 CITY-ST-ZIP	Dunedin, FL 34698	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Pujol, Lea	
3.3 STREET ADDRESS	11656 Cobble Court	
3.4 CITY-ST-ZIP	Palm Harbor, FL 34683	
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Sweat, Jennifer	
4.3 STREET ADDRESS	2081 Swan Lane	
4.4 CITY-ST-ZIP	Palm Harbor, FL 34683	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *[Signature]* *[Signature]* *[Signature]* 1/22/98 813 789 0659

CP2E037 (10/97)