


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N23668** (9)

1. Corporation Name

GWFC ST. PETERSBURG WOMAN'S CLUB, INC.

Principal Place of Business

Mailing Address

**40 SNELL ISLE BLVD N.E.
ST. PETERSBURG FL 33704**

**40 SNELL ISLE BLVD N.E.
ST. PETERSBURG FL 33704-3658**



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip Country 28		3. Date Incorporated or Qualified 12/01/1987	3a. Date of Last Report 04/25/1996
4. FEI Number 59-0582246		Applied For Not Applicable		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		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <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

**ISLEY, TILLIE
40 SNELL ISLE BLVD NE
ST. PETERSBURG FL 33704**

81 Name	BUNNIE ROBERTSON
82 Street Address (P.O. Box Number is Not Acceptable)	2328 Fairway Ave. S
83	St. Petersburg FL 33712
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 Bunnie Robertson Treasurer 01/13/97
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	VD <input type="checkbox"/> DELETE	1.1 TITLE	PED <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DANNA, LORRAINE	1.2 NAME	Fogler, Ann
STREET ADDRESS	779 PONCE DE LEON DR	1.3 STREET ADDRESS	14928 Feather Cove Rd.
CITY-ST-ZIP	TIERRA VERDE FL 33715	1.4 CITY-ST-ZIP	Clearwater, FL 34622
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Isley, Tillie VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VANDERBLEEK, LOU	2.2 NAME	40 Snell Isle Blvd NE
STREET ADDRESS	273 BAYVIEW DR NE	2.3 STREET ADDRESS	St. Petersburg, FL 33704
CITY-ST-ZIP	ST. PETERSBURG FL 33704	2.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAWSON, MARGARET	3.2 NAME	Hayes, Bea
STREET ADDRESS	1695 BRIGTWATERS BLVD NE	3.3 STREET ADDRESS	2101 37th St. N.
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	St. Petersburg, FL 33713
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARTON-SKWAREK, MARY	4.2 NAME	McCune, Bernice
STREET ADDRESS	40 SNELL ISLE BLVD NE	4.3 STREET ADDRESS	4710 Bay St. NE Apt 103
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP	St. Petersburg, FL 33703
TITLE	VD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	
NAME	BRANTLEY, VERA	5.2 NAME	
STREET ADDRESS	2012 MICHIGAN AVE NE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33703	5.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	
NAME	WALKER, JOANNE	6.2 NAME	
STREET ADDRESS	5631 DENVER ST NE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33703	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: Bunnie Robertson Treasurer 01/13/97 813-867-7804
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0060030

CR2E037 (9/96)