

3-30-48 B-3922C
FILE NOW: FILING FEE IS \$61.25

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Mar 30 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 # N23668 (9)
1. Corporation Name
GFWC ST. PETERSBURG WOMAN'S CLUB, INC.

Principal Place of Business 40 SNELL ISLE BLVD N.E. ST. PETERSBURG FL 33704	Mailing Address 40 SNELL ISLE BLVD N.E. ST. PETERSBURG FL 33704
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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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3. Date Incorporated or Qualified 12/01/1987	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	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBERTSON, BUNNIE
2326 FAIRWAY AVE S
ST. PETERSBURG FL 33712

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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, Treas
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	VD	<input checked="" type="checkbox"/> DELETE
NAME	DANNA, LORRAINE	
STREET ADDRESS	779 PONCE DE LEON DR	
CITY-ST-ZIP	TIERRA VERDE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ISLEY, TILLIE	
STREET ADDRESS	40 SNELL ISLE BLVD NE	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HAYES, BEA	
STREET ADDRESS	2101 37TH ST N	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BARTON-SKWAREK, MARY	
STREET ADDRESS	40 SNELL ISLE BLVD NE	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MCCUNE, BERNICE	
STREET ADDRESS	4710 BAY ST NE APT 103	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	PED	<input checked="" type="checkbox"/> DELETE
NAME	FOGLER, ANN	
STREET ADDRESS	14928 FEATHER COVE RD	
CITY-ST-ZIP	CLEARWATER FL	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D (P) Ann Fogler	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	14928 Feather Cove Rd	
1.3 STREET ADDRESS	Clearwater, FL	
1.4 CITY-ST-ZIP	34622	
2.1 TITLE	D 1st VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Becky King Stern	
2.3 STREET ADDRESS	385 Bayview Dr NE	
2.4 CITY-ST-ZIP	ST. PETERSBURG FL 33704	
3.1 TITLE	D 2nd VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Mary Barton-Skwarek	
3.3 STREET ADDRESS	4200 14th St NE	
3.4 CITY-ST-ZIP	ST. PETERSBURG FL 33703	
4.1 TITLE	D 3rd VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Fern Clayton	
4.3 STREET ADDRESS	1915 Bayou Grande Blvd NE	
4.4 CITY-ST-ZIP	ST. PETERSBURG FL 33703	
5.1 TITLE	Rec. Sec	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Lynn Ball	
5.3 STREET ADDRESS	1432-50th Ave NE	
5.4 CITY-ST-ZIP	ST. PETERSBURG FL 33703	
6.1 TITLE	Treas	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Dorothy Hill	
6.3 STREET ADDRESS	6055 21st N Apt J-9	
6.4 CITY-ST-ZIP	ST. PETERSBURG FL 33714	

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: Bunnie Robertson Bunnie Robertson Treas, 3/5/98 813-867-7804

CR2E037 (1097)