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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N23668**

1. Corporation Name

**GFWC 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



2. Principal Place of Business

2a. Mailing Address

21 **40 SNELL ISLE BLVD NE**

26 **40 SNELL ISLE BLVD NE**

3. Date Incorporated or Qualified

**12/01/1987**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

**59-0582246**

Applied For

☒ Not Applicable

City & State

City & State

23 **ST. PETERSBURG, FL**

28 **ST. PETERSBURG, FL**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

Zip

Country

Zip

Country

24 **33704**

25 **USA**

29 **33704**

30 **USA**

6. Election Campaign Financing Trust Fund Contribution ☐

**\$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBERTSON, BUNNIE  
2328 FAIRWAY AVE S  
ST. PETERSBURG FL 33712

81 Name **DOROTHY M. HILL**

82 Street Address (P.O. Box Number is Not Acceptable)  
**6055 21ST STREET NO.**

83 **APT J9**

84 City **ST. PETERSBURG,**

**FL**

85 Zip Code **33714**

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 **Dorothy M. Hill** **DOROTHY M. HILL TREASURER**

**JANUARY 5, 1999**

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 **DP** ☐ DELETE  
NAME **FOGLER, ANN**  
STREET ADDRESS **14928 FEATHER COVE RD**  
CITY-ST-ZIP **CLEARWATER FL 34622**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **VPD** ☐ DELETE  
NAME **STERN, BECKY KING**  
STREET ADDRESS **385 BAYVIEW DR NE**  
CITY-ST-ZIP **ST. PETERSBURG FL 33704**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **VPD** ☐ DELETE  
NAME **SKWAREK-BARTON, MARY**  
STREET ADDRESS **4200 14TH STREET NE**  
CITY-ST-ZIP **ST. PETERSBURG FL 33703**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **VP** ☐ DELETE  
NAME **CLAYTON, FERN**  
STREET ADDRESS **1915 BAYOU GRANDE BLVD NE**  
CITY-ST-ZIP **ST. PETERSBURG FL 33703**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **S** ☐ DELETE  
NAME **BALL, LYNN**  
STREET ADDRESS **1432-50 TH AVE NE**  
CITY-ST-ZIP **ST. PETERSBURG FL 33703**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **T** ☐ DELETE  
NAME **HILL, DOROTHY**  
STREET ADDRESS **6055 21ST ST N APT J-9**  
CITY-ST-ZIP **ST PETERSBURG FL 33714**

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE **Dorothy M. Hill** **DOROTHY M. HILL, TREASURER** 1-5-99 (729) 525-8950

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime phone #

CR2E037 (1/98)