

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # N24740 (5)
1. Corporation Name
GFWC WOMAN'S CLUB OF HOMESTEAD, FLORIDA, INC.Principal Place of Business
1027 N.E. THIRD AVE.
P.O. BOX 53
HOMESTEAD FL 33090
Mailing Address
65 NW 16 STR
HOMESTEAD FL 33030-3206
US

3. Date Incorporated or Qualified 02/09/1988	3a. Date of Last Report 01/29/1996
4. FEI Number 59-6145856	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	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOSNER, STEVEN D
65 NW 16 STR
HOMESTEAD FL 33030

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	0 BRAUN, Pam <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, THEO	1.2 NAME	
STREET ADDRESS	1350 S FEILDARK LANE	1.3 STREET ADDRESS	1020 N. AUDUBON DR.
CITY-ST-ZIP	HOMESTEAD FL	1.4 CITY-ST-ZIP	HOMESTEAD, FL
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOSNER, DOYLENE	2.2 NAME	MITCHELL, JEAN
STREET ADDRESS	20251 S.W. 272 ST	2.3 STREET ADDRESS	190 N.W. 21 ST
CITY-ST-ZIP	HOMESTEAD FL	2.4 CITY-ST-ZIP	HOMESTEAD, FL
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELMORE, JOYCE	3.2 NAME	
STREET ADDRESS	405 NW 14 ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	3.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENSEN, MEDA	4.2 NAME	JENSEN, MED
STREET ADDRESS	18640 S.W. 295 TERR	4.3 STREET ADDRESS	18640 S.W. 295 TERR.
CITY-ST-ZIP	HOMESTEAD FL	4.4 CITY-ST-ZIP	HOMESTEAD FL
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE	T.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, JENNETTE	5.2 NAME	CLARK, JENNETTE
STREET ADDRESS	59 N.E. 15TH ST	5.3 STREET ADDRESS	59 NE 15 ST
CITY-ST-ZIP	HOMESTEAD FL	5.4 CITY-ST-ZIP	HOMESTEAD, FL 33030
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, ROSE	6.2 NAME	
STREET ADDRESS	2509 SE 20 PL	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	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

Jennette & Clark 1/29/97 305-247-6108
JENNETTE S. CLARK
Daytime Phone # 0024115

CR2E037 (9/96)