## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**POCUMENT** #

(5)

GFWC WOMAN'S CLUB OF HOMESTEAD, FLORIDA, INC.

## **FILED** Feb 12 1998 8:00am Secretary of State

102 N. F. THRO DVE   102 N. M. 10300   105 N. M. 104 STR   10000   105 N. M. 105 N.	Principal Plac	e of Business	Mailing Address			
P.O. BOX SI HOMESTEAD FL 30000  2. Principal Place of Business 21 / 79 Post 5 W. 39 Street 22 Post Again Size 22 Post Again Size 24 Post Again Size 25 Post Again Siz	1027 N.E. THIRD AVE. 65 NW 16 STR				3. Date Incorporated or Qualifie	ad
4. Fell without   Applied For   She flat856	P.O. BOX 53 HOMESTEAD FL 33030				· ·	
2. Principal Piece of Business 2. Moligio Address 2. Moligio Address 2. Moligio Address 2. Sulle, Apt. 1, etc. 2.	HOMESTEAD FL 33090 US				4. FEI Number	Applied For
2. Principal Piece of Business 2. Moligio Address 2. Moligio Address 2. Moligio Address 2. Sulle, Apt. 1, etc. 2.					59-6145856	
Trust Fund Contribution   Added to Press   Added to Pre				900053		
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24 3 3 3 3 0 25	<b>—</b> , ,	<b>-</b>	<b>⊢</b> // →	ed Floric		
10. Name and Address of New Registered Agent   10. Name and Address of New Registered Agent		1 '- 1	L '		'	· — · — ·
LOSNER, STEVEN D 65 NW 16 STR HOMESTEAD FL 33030  42 Street Address (P.O. Box Number is Not Acceptable)  63 Street Address (P.O. Box Number is Not Acceptable)  64 City  FL 85 Zip Code  11. Fursuant to the provisions of Sections 617 0502 and 617, 1508, Florida Statutes, the above-nemed corporation submits this statement for the purpose of changing lite 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, 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 and accept the obligations of, Section 617 0503, Florida Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  INTLE  D  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  INTLE  D  ORDER STATE ADDRESS  100 NAUDUBON DR  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  INTLE  D  ORDER Addition  MAKE  MITCHELL, JEAN  1020 N AUDUBON DR  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. NAME  14. City  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  16. Change Addition  Addition  MAKE  MITCHELL, JEAN  16. Change Addition  MAKE  16. CHANGE, JOYCE  17. ST. 2P  HOMESTEAD FL  17. ST. 2P  18. CITY-ST. 2P  18.				<u> </u>		
## City   FL   85   Zip Code				81 Name		
HOMESTEAD FL 33030    63	1	• _		82 Street Ad	ddress (P.O. Box Number is Not Accep	otable)
The presuant to the provisions of Soctions 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and familiar with, and accept the obligations of, Soction 67.0503, Florida Statutes, such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and familiar with, and accept the obligations of, Soction 67.0503, Florida Statutes.  SIGNATURE  SIGNATURE  Signature, hyped or predes frame of registered agent and life if applicable.  OFFICE IS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ITIE  BRAUN, PAM  12. OFFICE IS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ITIE  BRAUN, PAM  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ITIE  BRAUN, PAM  13. SIRGET ADDRESS  GITY-S1-2P  HOMESTEAD FL  14. GITY-S1-2P  17. Change  Addition  DELETE  13. THIE  President  Director  Addition  Addition  Change  Addition  Addition  DELETE  3. THIE  President  Change  Addition  Addition  Change  Chang	1			83		
11. Pursuant to the provisions of Soctions 617.0502 and 617.1508, Florida Statutes, the above-named corporation submitts 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 exportment as registered agent, a milliar with, and accept the obligations of, Soction 617.0503, Florida Statutes.  SIGNATURE    Signature   Statute   Statut	1,0,,,,			94 City		es Zio Code
SIGNATURE    Signature   Nymod or profind name of regulatored agent and litter   appricable   (NOTE: Registered Agent signature required when reinstating)   DATE						
Signature, typed or pretied name of regulated agent and lite if applicable   (NOTE: Registered Agent signature required when reinstalling)   DATE		to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	and 617.1508, Florida Statutes, of Florida. Such change was aut tions of, Section 617.0503, Florid	, the above-named control that the corporate that t	orporation submits this statement for the tration's board of directors. I hereby ac	ne purpose of changing its registered appointment as registered
12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE D D DELETE 1.1 TITLE	SIGNATURE	Signature, typed or printed name of registered agent	t and little if applicable (NOTE: F	Registered Agent signature re	equired when reinstating)	DATE
BRAUN, PAM  STREET ADDRESS  1020 N AUDUBON DR  HOMESTEAD FL  11 CITY-ST-ZIP  TITLE  D  MITCHELL, JEAN  STREET ADDRESS  190 NORTHWEST 21ST ST  HOMESTEAD FL  TITLE  P  DELETE  21 ITILE  22 NAME  22 NAME  23 STREET ADDRESS  CITY-ST-ZIP  TITLE  P  DELETE  31 TITLE  DI P C TO  Change  Addition  Addition  Addition  Addition  Addition  Addition  AME  STREET ADDRESS  CITY-ST-ZIP  TITLE  D  DELETE  32 NAME  33 STREET ADDRESS  CITY-ST-ZIP  TITLE  D  DELETE  41 TITLE  D  DELETE  41 TITLE  D  TO  DELETE  41 TITLE  D  STREET ADDRESS	12.		DIRECTORS	13.	ADDITIONS/CHANGES TO OF	
STREET ADDRESS CITY-ST-ZIP HOMESTEAD FL  TITLE  D DELETE  1.3 STREET ADDRESS CITY-ST-ZIP  HOMESTEAD FL  1.4 CITY-ST-ZIP  TITLE  D DELETE  2.1 TITLE  P DELETE  3.1 TITLE  P DELETE  3.1 TITLE  P DELETE  3.2 MAME  STREET ADDRESS CITY-ST-ZIP  TITLE  P DELETE  3.1 TITLE  P DELETE  3.1 TITLE  P DELETE  3.1 TITLE  P DELETE  3.1 TITLE  P DELETE  3.2 MAME  3.3 STREET ADDRESS CITY-ST-ZIP  TITLE  D DELETE  3.4 CITY-ST-ZIP  TITLE  D DELETE  3.4 CITY-ST-ZIP  TITLE  D DELETE  3.4 CITY-ST-ZIP  TITLE  D DELETE  4.1 TITLE  D DELETE  4.1 TITLE  D T SA DELETE  A STREET ADDRESS  1.6 Change  Addition  Addition  A STREET ADDRESS  CITY-ST-ZIP  HOMESTEAD FL  TITLE  D DELETE  A STREET ADDRESS  1.6 Change  A Addition  A STREET ADDRESS  1.6 Change  A Addition  A STREET ADDRESS  1.6 Change  A Addition  D DELETE  A STREET ADDRESS  1.7 Change  A Addition  Change	TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
CITY-ST-ZIP  HOMESTEAD FL  ITILE  D  DELETE  21 TITLE  D  MITCHELL, JEAN  STREET ADDRESS  190 NORTHWEST 21ST ST  P  DELETE  22 NAME  23 STREET ADDRESS  CITY-ST-ZIP  TITLE  P  DELETE  31 TITLE  D	NAME			1.2 NAME	*	
TITLE D DELETE 2:1 TITLE Change Addition  NAME MITCHELL, JEAN  STREET ADDRESS 190 NORTHWEST 21ST ST 2:3 STREET ADDRESS 190 NORTHWEST 21ST ST 2:4 CITY-ST-ZIP  TITLE P D DELETE 3:1 TITLE D: rector  NAME ELMORE, JOYCE 3:2 NAME  STREET ADDRESS 405 NW 14 ST 3:3 STREET ADDRESS 6:1 TITLE D: rector  TITLE D D DELETE 3:1 TITLE D: rector  TITLE D D DELETE 3:1 TITLE D: rector  TITLE D D DELETE 3:1 TITLE D: rector  TITLE D D DELETE 4:1 TITLE President D: change DAddition  NAME JENSEN, MED 4:2 NAME T: Sabel Testa  STREET ADDRESS 18640 SW 295 TERRACE 4:3 STREET ADDRESS 3:4 CITY-ST-ZIP Homestead FL 3:3 0:3 2-2 0:0 3:1 TITLE Treasurer/Director D: Change DAddition  NAME CLARK, JENNETTE DELETE 5:1 TITLE Treasurer/Director D: Change DAddition  NAME REPRODUCTION OF THE PROPERTY DIRECTOR D: Change DAddition  DELETE S: 1 TITLE Treasurer/Director D: Change DAddition  DELETE S: NAME RUTHER E. Perry	STREET ADDRESS			1.3 STREET ADDRESS		
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CITY-ST-ZIP HOMESTEAD FL  TITLE  D  DELETE  4.1 TITLE  President  Lorange  Addition  4.2 NAME  STREET ADDRESS  18640 SW 295 TERRACE  CITY-ST-ZIP  HOMESTEAD FL  TITLE  TD  NAME  CLARK, JENNETTE  CLARK, JENNETTE  3.4. CITY-ST-ZIP  4.1 TITLE  Treasurer/Director Change  Addition  Treasurer/Director Change  Treasurer/Director  Change  Addition  Rath E. Perry  The president  Change  Addition  Treasurer/Director  Change  Treasurer/Director  Change  The president  Addition  Treasurer/Director  Change	1	l				
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STREET ADDRESS  18640 SW 295 TERRACE  CITY-ST-ZIP HOMESTEAD FL  TITLE  TD  NAME  CLARK, JENNETTE  4.3 STREET ADDRESS  2.3650 3.W. 152 Huenue  4.4 CITY-ST-ZIP Homes tead FL 33032-2003  5.1 TITLE  Treasurer/Director Lichange Maddition  52 NAME  Ruth E. Perry	TITLE	D	DELETE	4.1 TITLE	President	☐ Change ☑ Addition
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**************************************	TITLE	S	D≰) DELETE	6.1 TITLE	First Vice Presio	Addition 🖳 🚣 معال ا

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:

STREET ADDRESS

KING, ROSE 2509 SE 20 PL