

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 12 1998 8:00am  
Secretary of State

|   |   |  |
|---|---|--|
| <b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

**DOCUMENT # N24740 (5)**  
 Corporation Name  
**GFWC WOMAN'S CLUB OF HOMESTEAD, FLORIDA, INC.**



|  |  |
|--|--|
| Principal Place of Business                              | Mailing Address                          |
| 1027 N.E. THRD AVE.<br>P.O. BOX 53<br>HOMESTEAD FL 33090 | 65 NW 16 STR<br>HOMESTEAD FL 33030<br>US |

|                                   |                |
|-----------------------------------|----------------|
| 3. Date Incorporated or Qualified | 02/09/1988     |
| 4. FEI Number                     | 59-6145856     |
| Applied For                       | Not Applicable |

|  |   |
|--|---|
| 2. Principal Place of Business   | 2a. Mailing Address   |
| 21 17905 S.W. 292 Street<br>Suite, Apt. #, etc.<br>22 N/A<br>City & State<br>23 Homestead, Florida<br>Zip<br>24 33030<br>Country<br>25 USA | 26 P.O. Box 900053<br>Suite, Apt. #, etc.<br>27 N/A<br>City & State<br>28 Homestead, Florida<br>Zip<br>29 33090-0053<br>Country<br>30 USA |

|   |   |
|---|---|
| 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 type="checkbox"/> Yes <input type="checkbox"/> No            |

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   |    |
| 82 Street Address (P.O. Box Number is Not Acceptable) |    |
| 83  |    |
| 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

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                      | D                     | <input type="checkbox"/> DELETE            |
| NAME                       | BRAUN, PAM            |  |
| STREET ADDRESS             | 1020 N AUDUBON DR     |  |
| CITY-ST-ZIP                | HOMESTEAD FL          |  |
| TITLE                      | D                     | <input type="checkbox"/> DELETE            |
| NAME                       | MITCHELL, JEAN        |  |
| STREET ADDRESS             | 190 NORTHWEST 21ST ST |  |
| CITY-ST-ZIP                | HOMESTEAD FL          |  |
| TITLE                      | P                     | <input type="checkbox"/> DELETE            |
| NAME                       | ELMORE, JOYCE         |  |
| STREET ADDRESS             | 405 NW 14 ST          |  |
| CITY-ST-ZIP                | HOMESTEAD FL          |  |
| TITLE                      | D                     | <input checked="" type="checkbox"/> DELETE |
| NAME                       | JENSEN, MED           |  |
| STREET ADDRESS             | 18640 SW 295 TERRACE  |  |
| CITY-ST-ZIP                | HOMESTEAD FL          |  |
| TITLE                      | TD                    | <input checked="" type="checkbox"/> DELETE |
| NAME                       | CLARK, JENNETTE       |  |
| STREET ADDRESS             | 59 N.E. 15TH ST       |  |
| CITY-ST-ZIP                | HOMESTEAD FL          |  |
| TITLE                      | S                     | <input checked="" type="checkbox"/> DELETE |
| NAME                       | KING, ROSE            |  |
| STREET ADDRESS             | 2509 SE 20 PL         |  |
| CITY-ST-ZIP                | HOMESTEAD FL          |  |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                               |  |
|---|-------------------------------|--|
| 1.1 TITLE   |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME  |                               |  |
| 1.3 STREET ADDRESS                                    |                               |  |
| 1.4 CITY-ST-ZIP                                       |                               |  |
| 2.1 TITLE   |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME  |                               |  |
| 2.3 STREET ADDRESS                                    |                               |  |
| 2.4 CITY-ST-ZIP                                       |                               |  |
| 3.1 TITLE   | Director                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME  |                               |  |
| 3.3 STREET ADDRESS                                    |                               |  |
| 3.4 CITY-ST-ZIP                                       |                               |  |
| 4.1 TITLE   | President                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME  | Isabel Testa                  |  |
| 4.3 STREET ADDRESS                                    | 23650 S.W. 152 Avenue         |  |
| 4.4 CITY-ST-ZIP                                       | Homestead FL 33032-2003       |  |
| 5.1 TITLE   | Treasurer/Director            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME  | Ruth E. Perry                 |  |
| 5.3 STREET ADDRESS                                    | 28201 S.W. 195 Avenue         |  |
| 5.4 CITY-ST-ZIP                                       | Homestead, Florida 33030-7578 |  |
| 6.1 TITLE   | First Vice President          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME  | Mary Drinstein                |  |
| 6.3 STREET ADDRESS                                    | 32345 S.W. 200 Court          |  |
| 6.4 CITY-ST-ZIP                                       | Homestead, Florida 33030-3208 |  |

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: *Ruth E. Perry* Ruth E. Perry 2/5/98 (305) 245-9255

CP2E037 (10/97)