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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N24740

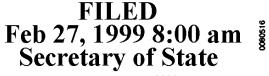
GFWC WOMAN'S CLUB OF HOMESTEAD, FLORIDA, INC.

Principal Place of Business
17905 SW 292 ST
HOMESTEAD FL 33030
us

HOMESTEAD FL 33030

Mailing Address P O BOX 900053

HOMESTEAD FL 33090-053



02-27-1999 90100 028 ****61.25

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			li					
2. Principal Place of Business	2a. Mailing Address		3.	Date Incorporated or Qualifed 02/09/1988				
21 Suite, Apt. #, etc.	Suite, Apt. #, etc.		4.	FEI Number	~	Applied For		
22	27			59-6145856		Not Applicable		
City & State	City & State		5.	Certifcate of Status Desired		75 Additional ee Required		
Zip Country		ountry :		Election Campaign Financing Trust Fund Contribution	•	.00 May Be ided to Fees		
9. Name and Address of Current Registered Agent			10! Name and Address of New Registered Agent					
LOSNER, STEVEN D		81 Name	(5	O. Dav Nambos in Not Accordable)				
65 NW 16 STR		82 Street Address (P.O. Box Number is Not Acceptable)						

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.

84 City

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Re	gistered Agent signature n	equired when reinstating) DATE		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AT		
TITLE	D	₹ DELETE	1.1 TITLE	P	Change	Addition
NAME	BRAUN, PAM		1.2 NAME	MEDA A. JENSEN		
STREET ADDRESS	1020 N AUDUBON DR		1.3 STREET ADDRESS	18640 S.W 295 TERRACE		
CITY-ST-ZIP	HOMESTEAD FL		1.4 CITY-ST-ZIP	HOMESTEAD, FL 33030		
TITLE	D	DELETE	2.1 TITLE	D ·	Change	Addition
NAME	MITCHELL, JEAN		2.2 NAME	SALLY KLEIN		
STREET ADDRESS	190 NORTHWEST 21ST ST		2.3 STREET ADDRESS	26006 SW 204 AVE		
CITY-ST-ZIP	HOMESTEAD FL		2.4 CITY-ST-ZIP	HOMESTEAD, FL 33031		
TITLE	D	☐ DELETE	3.1 TTLE	VD	🗹 Change	Addition
NAME	ELMORE, JOYCE		3.2 NAME	ELMORE, JOYCE		
STREET ADDRESS	405 NW 14 ST		3.3 STREET ADDRESS	HUCHA IN ST		
CITY-ST-ZIP	HOMESTEAD FL		3.4 CITY-ST-ZIP	HOMESTEAD, IL 33030		
TITLE	P	DELETE	4.1 TITLE	D	Change	⊠ Addition
NAME	TESTA, ISABEL		4.2 NAME	MORTON, NELL		
STREET ADDRESS	23650 SW 152 AVE		4.3 STREET ADDRESS	1261 SANDPIFER BLVD		
CITY-ST-ZIP	HOMESTEAD FL 33032-2003		4.4 CITY-ST-ZIP	HOMESTEAD, FL 33035		
TITLE	TD	X DELETE	5.1 TITLE	プカー	Change	X Addition
NAME	PERRY, RUTH E		5.2 NAME	CLARK, JENNETTE		
STREET ADDRESS	28201 SW 195 AVE		5.3 STREET ADDRESS	EANC IKST		1
CITY-ST-ZIP	HOMESTEAD FL 33030-7578		5.4 CITY-ST-ZIP	HOME STEAD, FL 33030	·	
TITLE	VP	☐ DELETE	6.1 TITLE	D MARY	Change	☐ Addition
NAME	ORINSTEIN, MARY		6.2 NAME	ORIENSTEIN, MARY 32345 SW 200 COURT		
STREET ADDRESS	32345 SW 200 COURT		6.3 STREET ADDRESS	32 345 SW 200 COOK.		
CITY-ST-ZIP	HOMESTEAD FL 33030-3208		6.4 CITY-ST-ZIP	HOMESTEAD, FL 33030	tie ab at the fine	

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, anon an attachment with an address, with all other like empowered.

SIGNATURE:

1/25/99 305-247-6108

Zip Code

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