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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N24740

1. Corporation Name
GFWC WOMAN'S CLUB OF HOMESTEAD, FLORIDA, INC.

Principal Place of Business 17905 SW 292 ST HOMESTEAD FL 33030 US	Mailing Address P O BOX 900053 HOMESTEAD FL 33090-053 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/09/1988
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-6145856
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Country 29	Zip 30	Trust Fund Contribution <input type="checkbox"/>

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 _____ (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	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MITCHELL, JEAN	2.2 NAME	SALLY KLEIN
STREET ADDRESS	190 NORTHWEST 21ST ST	2.3 STREET ADDRESS	26000 SW 204 AVE
CITY-ST-ZIP	HOMESTEAD FL	2.4 CITY-ST-ZIP	HOMESTEAD, FL 33031
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELMORE, JOYCE	3.2 NAME	ELMORE, JOYCE
STREET ADDRESS	405 NW 14 ST	3.3 STREET ADDRESS	405 NW 14 ST
CITY-ST-ZIP	HOMESTEAD FL	3.4 CITY-ST-ZIP	HOMESTEAD, FL 33030
TITLE	P <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TESTA, ISABEL	4.2 NAME	MORTON, NELL
STREET ADDRESS	23650 SW 152 AVE	4.3 STREET ADDRESS	1261 SANDPIPER BLVD
CITY-ST-ZIP	HOMESTEAD FL 33032-2003	4.4 CITY-ST-ZIP	HOMESTEAD, FL 33035
TITLE	TD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PERRY, RUTH E	5.2 NAME	CLARK, JENNETTE
STREET ADDRESS	28201 SW 195 AVE	5.3 STREET ADDRESS	59 NE 15 ST
CITY-ST-ZIP	HOMESTEAD FL 33030-7578	5.4 CITY-ST-ZIP	HOMESTEAD, FL 33030
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORINSTEIN, MARY	6.2 NAME	ORIENSTEIN, MARY
STREET ADDRESS	32345 SW 200 COURT	6.3 STREET ADDRESS	32345 SW 200 COURT
CITY-ST-ZIP	HOMESTEAD FL 33030-3208	6.4 CITY-ST-ZIP	HOMESTEAD, FL 33030

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

SIGNATURE: *Jennette Clark* **REQUIRED** Date: 1/25/99 Daytime Phone #: 305-247-6108

CR2E037 (1/198)