

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N32516 (9)
1. Corporation Name
GFWC WOMAN'S CLUB OF INVERNESS, FL., INC.



Principal Place of Business Mailing Address
P O BOX 1916 P O BOX 1916
INVERNESS FL 34451-8916 INVERNESS FL 34451-8916

3. Date Incorporated or Qualified 05/25/1989 3a. Date of Last Report 06/20/1995
4. FEI Number 59-2831087 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ 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 24 Country 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHULL, LUCILLE C.
2933 E. BRADLEY STREET
INVERNESS FL 34453

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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92 | |
|----------------------------|---|--|---|
| TITLE | PD <input checked="" type="checkbox"/> DELETE | 11 TITLE | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PIERCE, FRANCES | 12 NAME | KEIRNAN, ELIZABETH |
| STREET ADDRESS | 3828 E LLOYD STREET | 13 STREET ADDRESS | 3081 N. WHEATON PT. |
| CITY-ST-ZIP | INVERNESS FL | 14 CITY-ST-ZIP | HERNANDO, FL 34442 |
| TITLE | VD <input checked="" type="checkbox"/> DELETE | 21 TITLE | VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KEIRNAN, ELIZABETH | 22 NAME | PHILLIANS, FANNY |
| STREET ADDRESS | 3081 N WHEATON PT | 23 STREET ADDRESS | 173 N. GOLF HARBOR PATH |
| CITY-ST-ZIP | HERNANDO FL | 24 CITY-ST-ZIP | INVERNESS, FL 3350 |
| TITLE | TD <input type="checkbox"/> DELETE | 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SHULL, LUCILLE C. | 32 NAME | |
| STREET ADDRESS | 2933 E BRADLEY ST | 33 STREET ADDRESS | |
| CITY-ST-ZIP | INVERNESS FL 34453 | 34 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 41 TITLE | VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 42 NAME | MCGOWAN, LILLIAN |
| STREET ADDRESS | | 43 STREET ADDRESS | P.O. BOX 1720 |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | HERNANDO, FL. 34442 |
| TITLE | <input type="checkbox"/> DELETE | 51 TITLE | SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 52 NAME | PIERCE, FRANCES |
| STREET ADDRESS | | 53 STREET ADDRESS | 3828 E. LLOYD STREET |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | INVERNESS, FL 34453 |
| TITLE | <input type="checkbox"/> DELETE | 61 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 62 NAME | KAPPAH, MARGARET |
| STREET ADDRESS | | 63 STREET ADDRESS | P.O. Box 341 |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | FLORAL CITY, FL 34436 |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Lucille C. Shull, Treas.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 25, 1996 352-344-
Date Daytime Phone # 5345

CR2E037 (12/95)