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Jul 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N32516** (9)

1. Corporation Name

GFWC WOMAN'S CLUB OF INVERNESS, FL., INC.



Principal Place of Business P O BOX 1916 INVERNESS FL 34451-8916	Mailing Address P O BOX 1916 INVERNESS FL 34451-1916
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3. Date Incorporated or Qualified 05/25/1989	3a. Date of Last Report 05/30/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 34451-1916	Country 25
Zip 29	Country 30

4. FEI Number 59-2831087	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent SHULL, LUCILLE C. 2033 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	

10. Name and Address of New Registered Agent	
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 **SHULL, LUCILLE C. TREASURER Lucille C. Shull** DATE **May 30, 1997**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REIRNAN, ELIZABETH	1.2 NAME	KEIRNAN, Elizabeth
STREET ADDRESS	3081 N. WHEATON PT	1.3 STREET ADDRESS	3081 N. WHEATON PT.
CITY-ST-ZIP	HERNANDO FL	1.4 CITY-ST-ZIP	HERNANDO, FL 34442
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIANS, FANNY	2.2 NAME	PHILLIANS, FANNY
STREET ADDRESS	173 N GOLF HARBOR PATH	2.3 STREET ADDRESS	173 N. GOLF HARBOR PATH
CITY-ST-ZIP	INVERNESS FL	2.4 CITY-ST-ZIP	INVERNESS, FL 34450
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHULL, LUCILLE C.	3.2 NAME	
STREET ADDRESS	2033 E BRADLEY ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL 34453	3.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGOWAN, LILLIAN	4.2 NAME	MCGOWAN, LILLIAN
STREET ADDRESS	P. O. BOX 1720	4.3 STREET ADDRESS	P.O. BOX 1720 N/A
CITY-ST-ZIP	HERNANDO FL	4.4 CITY-ST-ZIP	HERNANDO, FL 34442
TITLE	SD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERCE, FRANCES	5.2 NAME	PIERCE, FRANCES
STREET ADDRESS	3828 E LLOYD STREET	5.3 STREET ADDRESS	3028 E. LLOYD STREET
CITY-ST-ZIP	INVERNESS FL	5.4 CITY-ST-ZIP	INVERNESS, FL 34453
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAPPAHANN, MARGARET	6.2 NAME	KAPPAHANN, MARGARET
STREET ADDRESS	P. O. BOX 341	6.3 STREET ADDRESS	P.O. BOX 341 N/A
CITY-ST-ZIP	FLORAL CITY FL	6.4 CITY-ST-ZIP	FLORAL CITY FL 34436

14. I do 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.

CR2E037 (9/96)