

FILE NOW: FILING FEE IS \$61.25

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Jun 11 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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	Mailing Address
P O BOX 1916 INVERNESS FL 34451-1916 US	P O BOX 1916 INVERNESS FL 34451-8916

3. Date Incorporated or Qualified <b>05/25/1989</b>
4. FEI Number <b>59-2831067</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input 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

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

8. 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
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 Lucille C. Shull Lucille C. Shull, TREAS. May 16, 1998  
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	PD <input checked="" type="checkbox"/> DELETE
NAME	KEIRNAN, ELIZABETH
STREET ADDRESS	8081 N. WHEATON PT
CITY-ST-ZIP	HERNANDO FL
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	PHILLIANS, FANNY
STREET ADDRESS	173 N GOLF HARBOR PATH
CITY-ST-ZIP	INVERNESS FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	SHULL, LUCILLE C.
STREET ADDRESS	2933 E BRADLEY ST
CITY-ST-ZIP	INVERNESS FL 34453
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	MCGOWAN, LILLIAN
STREET ADDRESS	P O BOX 1720 N/A
CITY-ST-ZIP	HERNANDO FL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	PIERCE, FRANCES
STREET ADDRESS	3828 E LLOYD STREET
CITY-ST-ZIP	INVERNESS FL
TITLE	D <input type="checkbox"/> DELETE
NAME	KAPPAHAIN, MARGARET
STREET ADDRESS	P O BOX 341 N/A
CITY-ST-ZIP	FLORAL CITY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PIERCE, FRANCES
1.3 STREET ADDRESS	3828 E. LLOYD STREET
1.4 CITY-ST-ZIP	INVERNESS, FL 34453
2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HEUSINGER, GERALDINE
2.3 STREET ADDRESS	4293 E. LAKE ROAD
2.4 CITY-ST-ZIP	HERNANDO, FL 34442
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	WISCHMEIER, CARLEDA
4.3 STREET ADDRESS	4398 E. LOUISIANA LANE
4.4 CITY-ST-ZIP	HERNANDO, FL 34442
5.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MACY, BERTHA
5.3 STREET ADDRESS	7555 E. ALLEN DR
5.4 CITY-ST-ZIP	INVERNESS, FL 34450
6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	ROBERSON, ARDATH
6.3 STREET ADDRESS	4208 E LAKE PARK DR
6.4 CITY-ST-ZIP	HERNANDO, FL 34442

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 Lucille C. Shull Lucille C. Shull, TREAS. May 16 1998 352-344-5345

CR2E037 (10/97)