

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 04, 1999 8:00 am
Secretary of State

06-04-1999 90007 028 ****61.25

DOCUMENT # N32516

1. Corporation Name

GWFC 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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

05/25/1989

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2831087

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24 Zip 25 Country

29 Zip 30 Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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 - 0680

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 **Lucille C. Shull, TREAS.**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Lucille C. Shull, Treas. 6/7/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VD** ☐ DELETE
NAME **HEUSINGER, GERALDINE**
STREET ADDRESS **4293 E LAKE RD**
CITY-ST-ZIP **HERNANDO FL 34442**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE
NAME **WISCHMEIER, CARLEDA**
STREET ADDRESS **4398 E LOIS LANE**
CITY-ST-ZIP **HERNANDO FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE
NAME **SHULL, LUCILLE C.**
STREET ADDRESS **2933 E BRADLEY ST**
CITY-ST-ZIP **INVERNESS FL 34453**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE
NAME **MACY, BERTHA**
STREET ADDRESS **7555 E ALLEN DR**
CITY-ST-ZIP **INVERNESS FL 34450**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **PD** ☐ DELETE
NAME **PIERCE, FRANCES**
STREET ADDRESS **3828 E LLOYD STREET**
CITY-ST-ZIP **INVERNESS FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **KAPPAHN, MARGARET**
STREET ADDRESS **P O BOX 341 N/A**
CITY-ST-ZIP **FLORAL CITY FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

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

Lucille C. Shull, TREAS.

6/7/99 352-344-5345
Date Daytime Phone #

CR2E037 (11/98)