

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N33957** (4)

1. Corporation Name

GULFCOAST EXECUTIVE WOMEN, INC.



Principal Place of Business

Mailing Address

% LINDA S. GRIFFIN
1455 COURT ST
CLEARWATER FL 34616

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1455 COURT ST
CLEARWATER FL 34616

3. Date Incorporated or Qualified
08/25/1989

3a. Date of Last Report
06/12/1995

2. Principal Place of Business

2a. Mailing Address

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4. FEI Number

56-7435633

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

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRIFFIN, LINDA S.
1455 COURT ST
CLEARWATER FL 34616

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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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 12

TITLE	Director	<input checked="" type="checkbox"/> DELETE
NAME	ANTON, KIM	
STREET ADDRESS	1583 S BELCHER RD	
CITY - ST - ZIP	CLWTR FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GUN, SUSAN	
STREET ADDRESS	448 8TH ST. S.	
CITY - ST - ZIP	SAFETY HARBOR FL	
TITLE	KING, SUE	<input checked="" type="checkbox"/> DELETE
NAME	KING, SUE	
STREET ADDRESS	210 EWING AVE	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	Treasurer	<input checked="" type="checkbox"/> DELETE
NAME	TREFZ, VIRGINIA	
STREET ADDRESS	414 TURNER ST	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	BEAR, DONNA	<input checked="" type="checkbox"/> DELETE
NAME	BEAR, DONNA	
STREET ADDRESS	3100 75TH ST N	
CITY - ST - ZIP	ST PETERSBURG FL	
TITLE	President	<input checked="" type="checkbox"/> DELETE
NAME	UHRUE, NANCY	
STREET ADDRESS	PO BOX 744 NA	
CITY - ST - ZIP	CLEARWATER FL	

1.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Kim Anton	
1.3 STREET ADDRESS	1583 S. Belcher Rd.	
1.4 CITY - ST - ZIP	CLWTR, FL	
2.1 TITLE	700001744047	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	-03/15/96--01018--008	
2.3 STREET ADDRESS	***61.25	
2.4 CITY - ST - ZIP		
3.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Julie Watts	
3.3 STREET ADDRESS	2836 Countryside Blvd. #114	
3.4 CITY - ST - ZIP	Clearwater, FL 34621	
4.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Carole Walker	
4.3 STREET ADDRESS	11151 66th St. N. Suite 301	
4.4 CITY - ST - ZIP	Largo FL 34643	
5.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Virginia Trefz	
5.3 STREET ADDRESS	414 Turner St.	
5.4 CITY - ST - ZIP	Clearwater, FL 3	
6.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Uhrue Nancy	
6.3 STREET ADDRESS	2067 Charterlake Dr.	
6.4 CITY - ST - ZIP	Clearwater, FL 34623	

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:

Nancy E. Uhrue
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/96
DATE

CR2E037 (12/95)