

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 # N35863 (2)

1. Corporation Name

GFWC CLEARWATER JUNIOR WOMAN'S CLUB, INC.



Principal Place of Business

Mailing Address

% PEGGY RHODES
P.O. BOX 4061
CLEARWATER FL 34618

% PEGGY RHODES
P.O. BOX 4061
CLEARWATER FL 34618

3. Date Incorporated or Qualified
12/28/1989

3a. Date of Last Report
02/08/1995

2. Principal Place of Business

2a. Mailing Address

21 **DALE Melton**

26 **Dale Melton**

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

22 Suite, Apt. #, etc.
P.O. Box 14554

27 Suite, Apt. #, etc.
P.O. Box 14554

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 City & State
Clearwater FL

28 City & State
Clearwater FL

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 Zip **33629** 25 Country **USA**

29 Zip **34629** 30 Country **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JACOBS, MARY
12203 TWIN BRANCH ACRES RD
TAMPA FL 33626**

81 Name **DALE MELTON**

82 Street Address (P.O. Box Number is Not Acceptable)
3043 Kevlyn Ct.

83

84 City **Safety Harbor** FL 85 Zip Code **34695**

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 **Dale Sp Melton**

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 **VD** ☒ DELETE
NAME **WAIDLEY, CAROLYN**
STREET ADDRESS **109 JASMINE CIRCLE**
CITY-ST-ZIP **SAFETY HARBOR FL**

TITLE **PD** ☒ DELETE
NAME **DIROFF, DEBBIE**
STREET ADDRESS **3547 SYLVAN EDGE DR**
CITY-ST-ZIP **PALM HARBOR FL**

TITLE **DP** ☐ DELETE
NAME **JACOBS, MARY**
STREET ADDRESS **12203 TWIN BRANCH ACRES RD**
CITY-ST-ZIP **TAMPA FL**

TITLE **VD** ☐ DELETE
NAME **VAN VONNO, EVELYN**
STREET ADDRESS **1606 GOVERNORS LAN**
CITY-ST-ZIP **SAFETY HARBOR FL**

TITLE **DVP** ☐ DELETE
NAME **MELTON, DALE**
STREET ADDRESS **3043 KEVLYN COURT**
CITY-ST-ZIP **SAFETY HARBOR FL**

TITLE **T** ☒ DELETE
NAME **UPDEGRAVE, VALERIE**
STREET ADDRESS **1556 JUTLAND COURT**
CITY-ST-ZIP **NEW PORT RICHEY FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VD** ☐ Change ☒ Addition
1.2 NAME **LORI ENGLER**
1.3 STREET ADDRESS **1424 RIDGE SHORE DR**
1.4 CITY-ST-ZIP **TARZON SPRINGS, FL 34681**

2.1 TITLE **VD** ☐ Change ☐ Addition
2.2 NAME **MELANIE GARDEN**
2.3 STREET ADDRESS **2445 Balboa Ct.**
2.4 CITY-ST-ZIP **CLEARWATER, FL 34621**

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

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

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

6.1 TITLE **T** ☐ Change ☐ Addition
6.2 NAME **Jeanne Stephenson**
6.3 STREET ADDRESS **2677 Redford Ct. W.**
6.4 CITY-ST-ZIP **Clearwater, FL 34621**

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:

Mary T. Jacob
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-96
Date

813-855 3512
Daytime Phone #

CR2E037 (12/95)