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 # N37977 (8)

1. Corporation Name

GFWC WOMAN'S CLUB OF WEST BROWARD, INC.

Principal Place of Business	Mailing Address
2001 NW 82 AVE PEMBROKE PINES FL 33024 US	2001 NW 82 AVE PEMBROKE PINES FL 33024 US

3. Date Incorporated or Qualified: 05/02/1990
3a. Date of Last Report: 04/07/1995

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: 65-0201214 ☐ 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

9. Name and Address of Current Registered Agent

BOYD, LINDA
2001 NW 82 AVE
PEMBROKE PINES FL 33024

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	☒ DELETE	1.1 TITLE	S	☐ Change ☒ Addition
NAME	DONOHUE, KAREN LEE		1.2 NAME	Judy Goggin	
STREET ADDRESS	8206 NW 73 AVE		1.3 STREET ADDRESS	2020 NW 82nd Av.	
CITY-ST-ZIP	TAMARAC FL 33321		1.4 CITY-ST-ZIP	Pembroke Pines, FL 33024	
TITLE	DP	☒ DELETE	2.1 TITLE	P	☐ Change ☒ Addition
NAME	BESCH, ANGELA		2.2 NAME	Ann Jamesson	
STREET ADDRESS	1237 SW 149 LANE		2.3 STREET ADDRESS	9153 W. Sunrise Blvd.	
CITY-ST-ZIP	SUNRISE FL		2.4 CITY-ST-ZIP	Plantation, FL 33322	
TITLE	T	☒ DELETE	3.1 TITLE	T	☐ Change ☒ Addition
NAME	CULVER, DOLORES		3.2 NAME	Lois Stepanik	
STREET ADDRESS	949 SW 149 TERR		3.3 STREET ADDRESS	708 N. Park Rd.	
CITY-ST-ZIP	SUNRISE FL		3.4 CITY-ST-ZIP	Hollywood, FL 33021	
TITLE	D	☐ DELETE	4.1 TITLE	V	☐ Change ☒ Addition
NAME	BOYD, LINDA		4.2 NAME	Carol Kaplan	
STREET ADDRESS	2001 NW 82 AVE		4.3 STREET ADDRESS	551 Auburn Way	
CITY-ST-ZIP	PEMBROKE PINES FL		4.4 CITY-ST-ZIP	Davie, FL 33325	
TITLE	DV	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DRAKE, DEBBIE		5.2 NAME		
STREET ADDRESS	11501 REXMERE BLVD		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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: Lois Stepanik — 4/24/96 — 954-370-1630
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Lois Stepanik