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Jan 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 33024-3512 US

3. Date Incorporated or Qualified: 05/02/1990
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 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		☐ Change ☐ Addition
NAME	GOGGIN, JUDY		1.2 NAME		
STREET ADDRESS	2020 NW 82ND AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL 33024		1.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JAMESSON, ANN		2.2 NAME		
STREET ADDRESS	9153 W SUNRISE BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33322		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	STEPANIK, LOIS		3.2 NAME		
STREET ADDRESS	708 N. PARK RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33021		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KAPLAN, CAROL		4.2 NAME		
STREET ADDRESS	551 AUBURN WAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL 33325		4.4 CITY-ST-ZIP		
TITLE	DV	☒ DELETE	5.1 TITLE	DV	☐ Change ☒ Addition
NAME	DRAKE, DEBBIE		5.2 NAME	Culver, Dolores	
STREET ADDRESS	11501 REXMERE BLVD		5.3 STREET ADDRESS	949 SW 149th Ter.	
CITY-ST-ZIP	FT LAUDERDALE FL		5.4 CITY-ST-ZIP	Sunrise, FL 33326	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BOYD, LINDA		6.2 NAME		
STREET ADDRESS	2001 NW 82 AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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: Lois D. Boyd REQUIRED 1/22/97 (954) 983-1795
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0023855