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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N37977**

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 05/02/1990
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0201214 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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	V	☐ DELETE	1.1 TITLE	S	☒ Change ☐ Addition
NAME	GOGGIN, JUDY		1.2 NAME	Vera Peeples	
STREET ADDRESS	2020 NW 82ND AVE		1.3 STREET ADDRESS	220 Torchwood Ave.	
CITY-ST-ZIP	PEMBROKE PINES FL 33024		1.4 CITY-ST-ZIP	Plantation, Fl. 33324	
TITLE	S	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DRAKE, DEBBIE		2.2 NAME		
STREET ADDRESS	11501 REXMERE BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33325		2. 4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	BARR, MARGO		3.2 NAME		
STREET ADDRESS	11550 SOUTHWEST 39 COURT		3.3 STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL 33330		3.4. CITY-ST-ZIP		
TITLE	P	☐ 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		☐ Change ☐ Addition
NAME	CULVER, DOLORES		5.2 NAME		
STREET ADDRESS	949 SW 149 TER		5.3 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL		5.4 CITY-ST-ZIP		
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		

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: SIGNATURE REQUIRED 1/27/98 (954) 846-3122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)