

FILE NOW: FILING FEE IS \$61.25

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Mar 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N43093 (6)
1. Corporation Name
GFWC-THE PALMETTO JUNIOR WOMAN'S CLUB, INC.



Principal Place of Business P.O. BOX 1001 PALMETTO FL 34220 US	Mailing Address P.O. BOX 1001 PALMETTO FL 34220-1001 US
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3. Date Incorporated or Qualified 04/23/1991	3a. Date of Last Report 04/17/1996
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21. Principal Place of Business Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Country	26. Mailing Address Suite, Apt. #, etc.	27. City & State	28. Zip	29. Country	30. Country
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4. FEI Number 51-0104192	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**CORPORATION INFORMATION SERVICES, INC.
1201 HAYES STREET
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	MURPHY, LINDA	1.2 NAME	CHIN, CYNTHIA A.
STREET ADDRESS	5815 32ND AVE DR E	1.3 STREET ADDRESS	11624 Old Tampa Road
CITY-ST-ZIP	PALMETTO FL	1.4 CITY-ST-ZIP	Parrish, FL 34219
TITLE	PD	2.1 TITLE	D
NAME	CHIN, CINDY	2.2 NAME	MURPHY, LINDA
STREET ADDRESS	11624 OLD TAMPA RD	2.3 STREET ADDRESS	5815 32nd Avenue Drive East
CITY-ST-ZIP	PARRISH FL	2.4 CITY-ST-ZIP	Palmetto, Florida 34221
TITLE	SD	3.1 TITLE	D
NAME	GARCIA, CONNIE	3.2 NAME	Bailey, Kim
STREET ADDRESS	8820 29 ST E	3.3 STREET ADDRESS	8755 Erie Lane
CITY-ST-ZIP	ELLENTON FL	3.4 CITY-ST-ZIP	Parrish, Florida 34219
TITLE	TD	4.1 TITLE	
NAME	VOLE, KIM	4.2 NAME	
STREET ADDRESS	2990 HWY 301	4.3 STREET ADDRESS	
CITY-ST-ZIP	ELLENTON FL	4.4 CITY-ST-ZIP	
TITLE	DSVP	5.1 TITLE	
NAME	WHISENANT, LUCILA	5.2 NAME	
STREET ADDRESS	4511 PINFISH LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL	5.4 CITY-ST-ZIP	
TITLE	FVPD	6.1 TITLE	
NAME	PIPER, LINDA	6.2 NAME	
STREET ADDRESS	1715 14 AVE W	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL	6.4 CITY-ST-ZIP	

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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: *Cynthia A. Chin* 3/21/97 (941) 749-7169
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0082221

CR2E037 (9/96)