

# 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 # N46184 (0)**

1. Corporation Name

**THE GFWC WOMAN'S CLUB OF MANDARIN, INC.**



Principal Place of Business

Mailing Address

12851 MICANOPY LANE  
JACKSONVILLE FL 32223-2744

C/O RUTH DANIEL  
12851 MICANOPY LANE  
JACKSONVILLE FL 32223-2744

3. Date Incorporated or Qualified

11/22/1991

3a. Date of Last Report

03/21/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3109289

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

10. Name and Address of New Registered Agent

DANIEL, RUTH M  
12851 MICANOPY LANE  
JACKSONVILLE FL 32223

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

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	PD	<input checked="" type="checkbox"/> DELETE
NAME	THOMAS, EILEEN K	
STREET ADDRESS	11636-1 MANDARIN ROAD	
CITY-ST-ZIP	JAX FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BLACKFORD, MARSHA L	
STREET ADDRESS	11837 NARROW OAK LANE NORTH	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	2VD	<input type="checkbox"/> DELETE
NAME	USSERY, FONDA	
STREET ADDRESS	5456 TIERRA VERDE LANE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MAYNARD, SANDRA	
STREET ADDRESS	12834 MICANOPY LANE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	1VD	<input checked="" type="checkbox"/> DELETE
NAME	BLAKE, VICKI	
STREET ADDRESS	4437 WINDERGATE COURT	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GALLAGHER, LUCINDA L	
STREET ADDRESS	12345 FIELD BLUFF ROAD 1232 Creek Bend Rd	
CITY-ST-ZIP	JACKSONVILLE FL 32223	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Ruth Daniel	
1.3 STREET ADDRESS	12851 Micnopy Lane	
1.4 CITY-ST-ZIP	Jacksonville FL 32223-2744	
2.1 TITLE	Maria Welsh 1VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	4046 Shady Creek Lane	
2.4 CITY-ST-ZIP	Jacksonville FL 32223	
3.1 TITLE	Gail Marquess SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	4013 Nakema Ct	
3.4 CITY-ST-ZIP	Jacksonville FL 32257	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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:

*Ruth M. Daniel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-96

904-268-8622

Date

Daytime Phone #

CR2E037 (12/95)