

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Feb 26, 1999 8:00 am**  
**Secretary of State**

02-26-1999 90020 023 \*\*\*\*61.25

0005888

**DOCUMENT # N46184**

1. Corporation Name

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

Principal Place of Business

12851 MICANOPY LANE  
JACKSONVILLE FL 32223-2744

Mailing Address

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

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

11/22/1991

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3109289

Applied For

Not Applicable

22 City &amp; State

27 City &amp; State

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐**\$5.00** May Be  
Added to Fees

24

25

29

30

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE

NAME **MARIA WELSH**  
STREET ADDRESS **4046 SHADY CREEK LN**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE VD ☐ DELETE

NAME **HORN, JOAN**  
STREET ADDRESS **10368 TAWA TRAIL**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE SD ☐ DELETE

NAME **RUTH DANIEL**  
STREET ADDRESS **12851 MICANOPY LN**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE TD ☐ DELETE

NAME **MARQUESS, GAIL**  
STREET ADDRESS **4013 NAKEMA CT**  
CITY-ST-ZIP **FRUIT COVE FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

PD

JOAN HORN

10368 TAWA TRAIL

JACKSONVILLE FL 32257

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

VD

VICKI BLAKE

12560 DUNRAVEN TRAIL

JACKSONVILLE FL 32223

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

SD

GAIL MARQUESS

4012 NAKEMA CT.

JACKSONVILLE FL 32257

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TD

FRANCINE LOONER

4012 NAKEMA CT.

JACKSONVILLE FL 32257

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)