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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N50858

(2)

GFWC SEMORAN JR. WOMEN'S CLUB, INC.

ncipal Place	e of Business		Mailing Address			[IST Miller mittel terent meille i.		#F## #################################
. BOX 3524 ITER SPRING	S FL 32708		P.O. BOX 3524 WINTER SPRINGS F US	FL 32708-0524	4				
						3. Date Incorp 09/14/	orated or Qualified 1992	3a. Date of 04/18	est Report 3/1996
Principal Pa	ace of Business		2a. Mailing Addres	88		4. FEI Number 59-16	14043		Applied Not Appl
Suite, Apt.	#, etc	····	Suite, Apt. #, €	etc.			· · · · · · · · · · · · · · · · · · ·	□ \$8	.75 Additio
	. ,		27				f Status Desired		ee Required
City & State	3		City & State			6. Election Car Trust Fund	npaign Financing Contribution		5.00 May 6 dded to Fee
Ζιρ	Country	'	Zip	— —	Country	8. This corpora	ation has liability for i		nder s. 199.0
	9. Name and Addres	on of Current D	29	30		Florida State	ites Address of New Re	Yes No	
	9, Name and Addres	is or curion n	eatherered when		81 Name	· · · · · · · · · · · · · · · · · · ·			·
FARRES	, SARITA K.				11	-ynne i	<u>3recko</u> i	Ŋ	
	LLOW PINE COURT				82 Street	Address (P.O. Box Nun	iber is Not Acceptab	*Aven	م را
	SPRINGS FL 32708				83	400 Ove	DILEM	110011	<u> </u>
THE STATE OF THE S	0111110011202100								······································
					84 City	Longwood	.d	FL 85	沙Sog.
Pursuant t	to the provisions of Secti	oos 617.0502 a	and 617, 1508, Florida	a Statutes, th	he above-named	corporation submits the	s statement for the p		ging its regi
office or re	egistered agent, or both	in the State of	Florida Such chang	to woo gutho		poration's board of dire	ctors. I hereby accer	of the appointme	ent as regist
	egistered again, or boar	, iii the otate of	Tionda. Such chang	JO Was BUILD	orized by the corp				
	to the provisions of Secti egistered agent, or both in familiar with, and acce	ept the obligation	ons of Section 617.0	503, Florida	Statutes.	Rankan		11.	-107
NATURE	3	Brech	Em		Lynn	e Breckon		DATE 1/1	5/97
NATURE	Signature, typed or printed name	Brech	nd title if applicable	(NOTE Regi	Lynn	required when reinstating)	CHANGES TO OFFIC	DATE	5/97
NATURE _	Signature, typed or printed name	Ol registered agent a	nd title if applicable	(NOTE Regi	LYnni Distered Agent Ignature	required when reinstating)		DATE	5/97 CTORS IN
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SIGNATURE: Chiabeth Musler 1116

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Secretary of State