


FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90100 049 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N50858					
1. Corporation Name GFWC SEMORAN JR. WOMEN'S CLUB, INC.					
Principal Place of Business P.O. BOX 3524 WINTER SPRINGS FL 32708 US			Mailing Address P.O. BOX 3524 WINTER SPRINGS FL 32708 US		



2. Principal Place of Business 21 1547 S. Lyons Ct. Suite, Apt. #, etc.		2a. Mailing Address 26 1547 S. Lyons Ct. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 09/14/1992	
22 City & State Oviedo, FL		27 City & State Oviedo, FL		4. FEI Number 59-1614043	
23 Zip 32765		28 Zip 32765		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country US		29 Country US		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent KOVATS, STEPHANIE 4532 SADDLEWORTH CIR ORLANDO FL 32826				10. Name and Address of New Registered Agent 81 Name Weeks, Mary 82 Street Address (P.O. Box Number is Not Acceptable) 159 Nandina Terrace 83 84 City Winter Springs FL 85 Zip Code 32708	
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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 Mary Weeks DATE June 25, 1999

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOVATS, STEPHANIE	1.2 NAME	Weeks, Mary
STREET ADDRESS	711 GENTRY COURT	1.3 STREET ADDRESS	159 Nandina Terrace
CITY-ST-ZIP	WINTER SPRINGS FL	1.4 CITY-ST-ZIP	Winter Springs, FL 32708
TITLE	DV <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHIVELY, TRACYE	2.2 NAME	2edo, Patti
STREET ADDRESS	1100 BELANEY	2.3 STREET ADDRESS	513 Lake Charm Ct.
CITY-ST-ZIP	ORLANDO FL 32826	2.4 CITY-ST-ZIP	Oviedo, FL 32765
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLAVARRIA, DONNA	3.2 NAME	
STREET ADDRESS	9954 BIGGAYNE DR	3.3 STREET ADDRESS	1547 S. Lyons Ct.
CITY-ST-ZIP	WINTER SPRINGS FL 32708	3.4 CITY-ST-ZIP	Oviedo, FL 32765
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Donna W. Olavarria
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Donna W. Olavarria

5-18-99 (407) 628-4871
 Date Daytime Phone #

CR2E037 (11/98)