

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 26 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N92000000741 (0)

1. Corporation Name

GFWC, GULF BREEZE JUNIOR WOMAN'S CLUB, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 996
GULF BREEZE FL 32562-0996

POST OFFICE BOX 996
GULF BREEZE FL 32562-0996

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/14/1992

3a. Date of Last Report

04/29/1994

4. FEI Number

59-3110232

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 190.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MINOR, BETH
310 SMITH CIRCLE
GULF BREEZE FL 32561

81 Name

Dolores Stukeley

82 Street Address (P.O. Box Number is Not Acceptable)

1008 Great Oaks Dr

83

84 City

Gulf Breeze FL

85 Zip Code

32561

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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, Florida Statutes.

SIGNATURE

Beth Minor (agent until 6-1-95)

4-23-95

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	SALTER, JOANNE
STREET ADDRESS	420 SHORELINE DRIVE
CITY-ST-ZIP	GULF BREEZE FL 32561
TITLE	D
NAME	MINOR, BETH
STREET ADDRESS	310 SMITH CIRCLE
CITY-ST-ZIP	GULF BREEZE FL 32561
TITLE	D
NAME	STUKEY, DOLORES
STREET ADDRESS	1008 GREAT OAKS DRIVE
CITY-ST-ZIP	GULF BREEZE FL 32561
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☒ Addition
2.2 NAME	D
2.3 STREET ADDRESS	Shirley Ibrahim
2.4 CITY-ST-ZIP	1164 Shady Lane Gulf Breeze, FL 32561
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Beth Minor Beth Minor

4-23-95

904-932-1152

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #