FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

N93000003189 (8)

Mailing Address

GFWC GOLDEN CITY WOMAN'S CLUB OF SARASOTA, INC.

3226 RINGWOOD MEADOW 8ARASOTA FL 34235 3226 RINGWOOD MEADOW 3. Date Incorporated or Qualified SARASOTA FL 34235 07/09/1993 4. FEI Number Applied For 65-0483784 Not Applicable 2. Principal Place of Business 2a. Malling Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 27 **Trust Fund Contribution** Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 28 Yes Yes **⋈** No Zip Country Country This corporation owes or has paid the current year Intangible 24 26 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name STRODE, BARBARA J Street Address (P.O. Box Number is Not Acceptable) 3226 RINGWOOD MEADOW SARASOTA FL 34235 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) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE __ DELETE 1.1 TITLE PRESIDENT/DIR. Change X Addition BOBETTE YOUNGS 631 WILD TURKEY LANE NAME STRODE, BARBARA J. 1.2 NAME 3226 RINGWOOD MEADOW STREET ADDRESS 1.3 STREET ADDRESS FL 34236 Change SARASOTA FL CITY-ST-ZIP SARASOTA 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Addition FIRST V.P./ DIR. MCLELLAND, TERRI NAME 2.2 NAME GWEN WHETZEL 2805 MAY FLOWER ST. STREET ADDRESS D1922 IRVING ST 2.3 STREET ADDRESS SARASOTA FL CITY-ST-ZIP 2.4 CITY-ST-ZIP 2VD DELETE TITLE. 3.1 TITLE __ Addition **GOFF. ROSE** NAME 3.2 NAME STREET ADDRESS 847 HUDSON AVE 3.3 STREET ADDRESS CITY-ST-ZIP SARASOTA FL 3.4. CITY-ST-ZIP RECORDING SECRETARY Change LILLIAN KENNERLY DIR 5779 SUMMERSIDE LANE DELETE TIT1 F 4.1 TITLE **★** Addition NAME WHETZEL, GWEN 4.2 NAME STREET ADDRESS 2805 MAYFLOWER ST 4.3 STREET ADDRESS SARASOTA FL CITY-ST-ZIP SARASOTA, FL 34231 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE REASURE arbara J. Strode HENSLEY, CINDY NAME 5.2 NAME 2706 VALENCIA DR STREET ADDRESS 5.3 STREET ADDRESS 3226 Ringwood M SARASOTA FL CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Addition NAME 6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

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.

3/27/98

FILED

Mar 31 1998 8:00am

Secretary of State