

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
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90136 048 ****61.25

DOCUMENT # N93000003189

1. Corporation Name

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

Principal Place of Business

3226 RINGWOOD MEADOW
SARASOTA FL 34235

Mailing Address

3226 RINGWOOD MEADOW
SARASOTA FL 34235



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

07/09/1993

4. FEI Number

65-0483784

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

STRODE, BARBARA J
3226 RINGWOOD MEADOW
SARASOTA FL 34235

10. Name and Address of New Registered Agent

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. **1999-2000** OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME STRODE, BARBARA J.
STREET ADDRESS 3226 RINGWOOD MEADOW
CITY-ST-ZIP SARASOTA FL 34235

TITLE ☒ DELETE

NAME PD
YOUNGS, BOBETTE
STREET ADDRESS 631 WILD TURKEY LANE
CITY-ST-ZIP SARASOTA FL 34236

TITLE ☒ DELETE

NAME 2VD
GOFF, ROSE
STREET ADDRESS 847 HUDSON AVE
CITY-ST-ZIP SARASOTA FL

TITLE ☐ DELETE

NAME FVPD
WHETZEL, GWEN
STREET ADDRESS 2805 MAYFLOWER ST
CITY-ST-ZIP SARASOTA FL 34231

TITLE ☒ DELETE

NAME RSD
KENNERLY, LILLIAN
STREET ADDRESS 5779 SUMMERSIDE LANE
CITY-ST-ZIP SARASOTA FL 34231

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

PD Terri McNeilland
1922 IRVING ST.
SARASOTA, FL 34236

2VD
STINSON, CAROLYN
3087 BAY STREET
SARASOTA, FL 34237

RSD
GOFF, ROSE
847 HUDSON AVE
SARASOTA, FL

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:

Barbara J. Strode
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/99
Date

941-488-6716
Daytime Phone #

CR2E037 (11/98)