

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 24 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N93000004719 (1)

1. Corporation Name

G.F.W.C. WOMAN'S CLUB OF DUNNELLON, INC.

Principal Place of Business

P.O. BOX 1632  
DUNNELLON FL 34430

Mailing Address

P.O. BOX 1632  
DUNNELLON FL 34430-16323. Date Incorporated or Qualified  
10/13/19933a. Date of Last Report  
02/15/1996

4. FEI Number

59-3212065

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐ \$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STURTZ, GENEVA  
3073 W. CYPRESS DR.  
DUNNELLON FL 34433

81 Name

KATIE S. THOMPSON

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

12180 MAPLE STREET

83

84 City

DUNNELLON

FL

85 Zip Code

34432

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 *Katie S. Thompson*

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

(NOTE: Registered Agent signature required when reinstating)

2/11/97  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE  
NAME STURTZ, GENEVA  
STREET ADDRESS 3073 W. CYPRESS DR.  
CITY-ST-ZIP DUNNELLON FL 344331.1 TITLE PD ☒ Change ☐ Addition  
1.2 NAME KATIE S. THOMPSON  
1.3 STREET ADDRESS 12180 MAPLE STREET  
1.4 CITY-ST-ZIP DUNNELLON, FL. 34432TITLE VD ☒ DELETE  
NAME SMITH, NANCY  
STREET ADDRESS 19052 SW 91ST LANE  
CITY-ST-ZIP DUNNELLON FL 344322.1 TITLE VD ☒ Change ☐ Addition  
2.2 NAME GRACE MCDANIEL  
2.3 STREET ADDRESS 19731 S.W. 88 PLACE ROAD  
2.4 CITY-ST-ZIP DUNNELLON, FL. 34432TITLE TD ☐ DELETE  
NAME HUNTER, MAXINE I.  
STREET ADDRESS 3140 W. CYPRESS DRIVE  
CITY-ST-ZIP DUNNELLON FL3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 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 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.

SIGNATURE: *Maxine I. Hunter*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 17, 1997 352-489,8302

Date

Daytime Phone # 0065058

CR2E037 (9/96)