

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Jul 15 1998 8:00am  
Secretary of State

DOCUMENT # N93000004719 (1)

1. Corporation Name

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

Principal Place of Business

Mailing Address

P.O. BOX 1632  
DUNNELLON FL 34430

P.O. BOX 1632  
DUNNELLON FL 34430

3. Date Incorporated or Qualified

10/13/1993

4. FEI Number

59-3212065

Applied For

Not Applicable

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

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

THOMPSON, KATIE S.  
12180 MAPLE STREET  
DUNNELLON FL 34432

10. Name and Address of New Registered Agent

81

Name HULBERT, EDYTHE

82

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

83

8660 SW 205 CIRCLE

84

City DUNNELLON

FL

85 Zip Code

34431

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 617.0505, Florida Statutes.

SIGNATURE

*Edythe Hulbert*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7-8-98

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME THOMPSON, KATIE S.  
STREET ADDRESS 12180 MAPLE STREET  
CITY-ST-ZIP DUNNELLON FL ☐ DELETE

TITLE VD  
NAME MODANIEL, GRACE  
STREET ADDRESS 19731 SWW 88 PLACE ROAD  
CITY-ST-ZIP DUNNELLON FL ☐ DELETE

TITLE TD  
NAME HUNTER, MAXINE I.  
STREET ADDRESS 3140 W. CYPRESS DRIVE  
CITY-ST-ZIP DUNNELLON FL ☐ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition  
1.2 NAME HULBERT, EDYTHE  
1.3 STREET ADDRESS 8660 SW 205 CIRCLE  
1.4 CITY-ST-ZIP DUNNELLON, FL 34431

2.1 TITLE VD ☒ Change ☐ Addition  
2.2 NAME PURCARO, JOAN  
2.3 STREET ADDRESS 20745 CHESTNUT STREET  
2.4 CITY-ST-ZIP DUNNELLON, FL 34433

3.1 TITLE TD ☒ Change ☐ Addition  
3.2 NAME MAGIC, LEATRICE S.  
3.3 STREET ADDRESS 20363 THE GRANADA  
3.4 CITY-ST-ZIP DUNNELLON, FL 34432

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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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:

Hulbert, Edythe

*Edythe Hulbert*

7-8-98 (352) 489-5757

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)