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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90081 041 \*\*\*\*61.25

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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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

10/13/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3212065

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

Zip Country

Zip Country

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HULBERT, EDYTHE  
8660 S W 205 CIRCLE  
DUNNELLON FL 34431

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. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME HULBERT, EDYTHE

STREET ADDRESS 8660 S W 205 CIRCLE

CITY-ST-ZIP DUNNELLON FL 34431

TITLE VD ☐ DELETE

NAME PURCARO, JOAN

STREET ADDRESS 20745 CHESTNUT STREET

CITY-ST-ZIP DUNNELLON FL 34433

TITLE TD ☐ DELETE

NAME MAGIC, LEATRICE S

STREET ADDRESS 20363 THE GRANADA

CITY-ST-ZIP DUNNELLON FL 34432

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

1.1 TITLE

S/D

☐ Change

☒ Addition

1.2 NAME

AUSTIN, ANN

1.3 STREET ADDRESS

11885-A Rainbow Garden Circle

1.4 CITY-ST-ZIP

Dunnellon, FL 34432

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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:

Edythe Hulbert

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-87-89  
352 489-5757

CR2E037 (11/98)