

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000003906 (4)

1. Corporation Name

GFWC SEBASTIAN WOMAN'S CLUB, INC.



Principal Place of Business

Mailing Address

952 US HIGHWAY 1
SEBASTIAN FL 32958

952 US HIGHWAY 1
SEBASTIAN FL 32958

2. Principal Place of Business

2a. Mailing Address

21

26 P.O. Box 780402

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28 Sebastian, FL

Zip

Country

Zip

Country

24

25

29 32978

30

USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/08/1994

3a. Date of Last Report

04/28/1995

4. FEI Number

65-0516393

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

10. Name and Address of New Registered Agent

DERRICK, EILEEN E
952 US HIGHWAY 1
SEBASTIAN FL 32958

81 Name

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

83

84

City Sebastian

FL

85 Zip Code
32978

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
NAME DERRICK, EILEEN E
STREET ADDRESS 952 US HIGHWAY 1
CITY-ST-ZIP SEBASTIAN FL 32958

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD
NAME HULSE, THEODORA K
STREET ADDRESS 402 COPLY TERRACE
CITY-ST-ZIP SEBASTIAN FL 32958

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SD
NAME RINES, KATHERIN L
STREET ADDRESS 1580 JENSON TERRACE SE
CITY-ST-ZIP SEBASTIAN FL 32958

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

VD Delores Henderson

☐ Change ☒ Addition

702 Lake Drive
Sebastian, FL 32958

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

SD Elizabeth O'Connor
491 Thomas Street
Sebastian, FL 32958

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

SD Dorothy Lust
101 Abeto Terrace
Sebastian, FL 32958

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

TD Helga Schofield
734 Rose Avenue
Sebastian, FL 32958

☐ Change ☒ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 149.07(3)(b), 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:

Eileen E. Derrick Feb. 28, 1996 (407) 589-6867

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)