

**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: **952 US HIGHWAY 1 SEBASTIAN FL 32958**  
Mailing Address: **952 US HIGHWAY 1 SEBASTIAN FL 32958**

3. Date Incorporated or Qualified: **08/08/1994**  
3a. Date of Last Report: **04/28/1995**  
4. FEI Number: **65-0516393**  
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

2. Principal Place of Business: **21**  
2a. Mailing Address: **26 P.O. Box 780402**  
Suite, Apt. #, etc.: **27**  
City & State: **28 Sebastian, FL**  
Zip: **29 32978** Country: **30 USA**

9. Name and Address of Current Registered Agent  
**DERRICK, EILEEN E  
952 US HIGHWAY 1  
SEBASTIAN FL 32958**

10. Name and Address of New Registered Agent  
**81 Name**  
**82 Street Address (P.O. Box Number is Not Acceptable)**  
**825 Barker Street**  
**83**  
**84 City** **Sebastian** **85 Zip Code** **FL 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DERRICK, EILEEN E	1.2 NAME	
STREET ADDRESS	952 US HIGHWAY 1	1.3 STREET ADDRESS	
CITY-ST-ZIP	SEBASTIAN FL 32958	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HULSE, THEODORA K	2.2 NAME	
STREET ADDRESS	402 COPLY TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SEBASTIAN FL 32958	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RINES, KATHERIN L	3.2 NAME	Delores Henderson
STREET ADDRESS	1580 JENSON TERRACE SE	3.3 STREET ADDRESS	702 Lake Drive
CITY-ST-ZIP	SEBASTIAN FL 32958	3.4 CITY-ST-ZIP	Sebastian, FL 32958
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Elizabeth O'Connor
STREET ADDRESS		4.3 STREET ADDRESS	491 Thomas Street
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Sebastian, FL 32958
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	Dorothy Lust
STREET ADDRESS		5.3 STREET ADDRESS	101 Abeto Terrace
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Sebastian, FL 32958
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Helga Schofield
STREET ADDRESS		6.3 STREET ADDRESS	734 Rose Avenue
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Sebastian, FL 32958

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)