


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 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**

**PO BOX 780402
SEBASTIAN FL 32978-0402
US**

3. Date Incorporated or Qualified
08/08/1994

3a. Date of Last Report
03/05/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DERRICK, EILEEN E
825 BARKER STREET
SEBASTIAN FL 32978**

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

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DERRICK, EILEEN E	
STREET ADDRESS	952 US HIGHWAY 1	
CITY-ST-ZIP	SEBASTIAN FL 32958	

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HULSE, THEODORA K	
STREET ADDRESS	402 COPY TERRACE	
CITY-ST-ZIP	SEBASTIAN FL 32958	

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	RINES, KATHERIN L	
STREET ADDRESS	1580 JENSON TERRACE SE	
CITY-ST-ZIP	SEBASTIAN FL 32958	

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HENDERSON, DELORES	
STREET ADDRESS	702 LAKE DRIVE	
CITY-ST-ZIP	SEBASTIAN FL	

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	O'CONNOR, ELIZABETH	
STREET ADDRESS	491 THOMAS STREET	
CITY-ST-ZIP	SEBASTIAN FL	

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SCHOFIELD, HELGA	
STREET ADDRESS	734 ROSE AVE	
CITY-ST-ZIP	SEBASTIAN FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Delores Henderson	
1.3 STREET ADDRESS	702 Lake Dr.	
1.4 CITY-ST-ZIP	Sebastian, FL 32958	

2.1 TITLE	1st. Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	De Richtarcik	
2.3 STREET ADDRESS	779 Dempsey Ave.	
2.4 CITY-ST-ZIP	Sebastian, FL 32958	

3.1 TITLE	2nd. Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Katie Willms	
3.3 STREET ADDRESS	472 Fleming St.	
3.4 CITY-ST-ZIP	Sebastian, FL 32958	

4.1 TITLE	Recording Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Alice Russell	
4.3 STREET ADDRESS	406 Perch Lane	
4.4 CITY-ST-ZIP	Sebastian, FL 32958	

5.1 TITLE	Corresponding Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Elise DeLoach	
5.3 STREET ADDRESS	9880 Honeysuckle Dr.	
5.4 CITY-ST-ZIP	Mico, FL 32976	

6.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Patricia Zukowski	
6.3 STREET ADDRESS	1381 Haverford Lane	
6.4 CITY-ST-ZIP	Sebastian, FL 32958	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(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: *Delores Henderson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-97
Date

Daytime Phone # 0021069

CR2E037 (9/96)