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Feb 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
US



3. Date Incorporated or Qualified

08/08/1994

4. FEI Number

65-0516393

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

Delores Henderson

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

702 Lake Dr

83

84 City

Sebastian

FL

85 Zip Code

32958

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

Delores Henderson

1-10-97

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 ☐ DELETE

NAME **PD**
HENDERSON, DELORES
STREET ADDRESS **702 LAKE DR**
CITY - ST - ZIP **SEBASTIAN FL**

TITLE ☐ DELETE

NAME **VPD**
RICHTARCIK, DE
STREET ADDRESS **779 DEMPSEY AVE**
CITY - ST - ZIP **SEBASTIAN FL**

TITLE ☐ DELETE

NAME **VPD**
WILLMS, KATIE
STREET ADDRESS **472 FLEMING ST**
CITY - ST - ZIP **SEBASTIAN FL**

TITLE ☐ DELETE

NAME **SD**
RUSSELL, ALICE
STREET ADDRESS **406 PERCH LANE**
CITY - ST - ZIP **SEBASTIAN FL**

TITLE ☒ DELETE

NAME **SD**
DELOACH, ELISE
STREET ADDRESS **9880 HONEYSUCKLE DR**
CITY - ST - ZIP **MICCO FL**

TITLE ☐ DELETE

NAME **TD**
ZUKOWSKI, PATRICIA
STREET ADDRESS **1381 HAVERFORD LANE**
CITY - ST - ZIP **SEBASTIAN FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☒ Change ☐ Addition

SD
Emeline Falke
257 Main St
Sebastian FL 32958

☐ Change ☐ Addition

6.1 TITLE
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.

SIGNATURE: *Delores Henderson*

1-10-97

561-589-0198

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/97)