

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 02 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>952 US HIGHWAY 1 SEBASTIAN FL 32958</b>	Mailing Address <b>PO BOX 790402 SEBASTIAN FL 32978 US</b>
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3. Date Incorporated or Qualified <b>08/08/1994</b>	
4. FEI Number <b>65-0516393</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent <b>DERRICK, EILEEN E 825 BARKER STREET SEBASTIAN FL 32978</b>	
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10. Name and Address of New Registered Agent	
81 Name <b>Delores Henderson</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>702 Lake Dr</b>	
83	
84 City <b>Sebastian</b>	85 Zip Code <b>FL 32958</b>

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* DATE: **1-10-97**

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	<b>HENDERSON, DELORES</b>	1.2 NAME	
STREET ADDRESS	<b>702 LAKE DR</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SEBASTIAN FL</b>	1.4 CITY - ST - ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RICHTARCIK, DE</b>	2.2 NAME	
STREET ADDRESS	<b>779 DEMPSEY AVE</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SEBASTIAN FL</b>	2.4 CITY - ST - ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLMS, KATIE</b>	3.2 NAME	
STREET ADDRESS	<b>472 FLEMING ST</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SEBASTIAN FL</b>	3.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RUSSELL, ALICE</b>	4.2 NAME	
STREET ADDRESS	<b>406 PERCH LANE</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SEBASTIAN FL</b>	4.4 CITY - ST - ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DELOACH, ELISE</b>	5.2 NAME	<b>Emeline Falke</b>
STREET ADDRESS	<b>9880 HONEYSUCKLE DR</b>	5.3 STREET ADDRESS	<b>257 Main ST</b>
CITY - ST - ZIP	<b>MICCO FL</b>	5.4 CITY - ST - ZIP	<b>Sebastian FL 32958</b>
TITLE	TD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZUKOWSKI, PATRICIA</b>	6.2 NAME	
STREET ADDRESS	<b>1381 HAVERFORD LANE</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SEBASTIAN FL</b>	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* DATE: **1-10-97** 561-589-0198

CR2E037 (10/97)