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Mar 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **N95000000033 (9)**

1. Corporation Name

GFWC SOUTH LAKE JUNIOR WOMAN'S CLUB, INC.

Principal Place of Business	Mailing Address
P.O. BOX 121411 CLERMONT FL 34712-1411 US	P.O. BOX 121411 CLERMONT FL 34711 US

3. Date Incorporated or Qualified: 01/03/1995

4. FEI Number: 59-3055782 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 W Broom St 655	26 P.O. Box 121411
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Clermont Fl	28 Clermont Fl
24 Zip 34711 25 Country USA	29 Zip 34711 30 Country USA

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GIBSON, SUSANA 655 W. BROOME STREET CLERMONT FL 34711	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 Susana Gibson DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GIBSON, SUSANA		1.2 NAME		
STREET ADDRESS	12310 SUNSHINE DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	CLERMONT FL 34711		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	VESSELS, GOLDIE		2.2 NAME		
STREET ADDRESS	663 W. MINNEOLA AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	CLERMONT FL 34711		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CLARK, CHRISTINA		3.2 NAME		
STREET ADDRESS	12928 LAKEVIEW AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	CLERMONT FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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: Susana Gibson 3/23/98 352-394-6262