

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000002636 (7)

1. Corporation Name

GFWC UMATILLA JUNIOR WOMAN'S CLUB, INC.



Principal Place of Business

Mailing Address

P O BOX 504
UMATILLA FL 32784

P O BOX 504
UMATILLA FL 32784

3. Date Incorporated or Qualified

06/07/1995

3a. Date of Last Report

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

4. FEI Number

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. 199.03?
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Penley

PENLEY, LYNN

40231 W 8TH AVE 19730 E. Umatilla Blvd.
UMATILLA FL 32784

address
change

81 Name

Penley, Lynn

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

19730 East Umatilla Blvd.

83

84 City

Umatilla

FL

85 Zip Code

32784

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 P ☒ DELETE
NAME POWERS, SUSAN
STREET ADDRESS 40231 W 8TH AVE
CITY - ST - ZIP UMATILLA FL 32784

TITLE 1V ☐ DELETE
NAME PENLEY, LYNN
STREET ADDRESS P O BOX 234 N/A
CITY - ST - ZIP UMATILLA FL 32784

TITLE 2V ☒ DELETE
NAME POWERS, SANDY
STREET ADDRESS P O BOX 1877 N/A
CITY - ST - ZIP UMATILLA FL 32784

TITLE 3V ☐ DELETE
NAME ROBERTS, DIANE
STREET ADDRESS P O BOX 2212 N/A
CITY - ST - ZIP UMATILLA FL 32784

TITLE T ☐ DELETE
NAME ABOOD, TERRI
STREET ADDRESS 20515 BILL COLLINS RD
CITY - ST - ZIP EUSTIS FL 32726

TITLE RS ☒ DELETE
NAME RHODES, RANI
STREET ADDRESS 220 PALM AVE
CITY - ST - ZIP EUSTIS FL 32726

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 2V, D ☐ Change ☒ Addition
NAME Helene Fairless
12 NAME 20903 Bill Collins Rd.
13 STREET ADDRESS EUSTIS, FL 32736
14 CITY - ST - ZIP

21 TITLE P, D ☒ Change ☐ Addition
22 NAME Penley, Lynn
23 STREET ADDRESS 40231 W 8TH AVE 19730 E. Umatilla Blvd.
24 CITY - ST - ZIP Umatilla, FL 32784

31 TITLE 3V, D ☐ Change ☒ Addition
32 NAME Donna Stephenson
33 STREET ADDRESS 16143 Wilson Parrish Rd.
34 CITY - ST - ZIP Umatilla, FL 32784

41 TITLE RS, D ☒ Change ☐ Addition
42 NAME Roberts, Diane
43 STREET ADDRESS 20601 Bill Collins Rd.
44 CITY - ST - ZIP EUSTIS, FL 32736

51 TITLE S, D ☐ Change ☒ Addition
52 NAME Penley, Kristie
53 STREET ADDRESS 19323 Lake Str.
54 CITY - ST - ZIP Umatilla, FL 32784

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

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 119.07(3)(k), 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:

Kristie Penley, Kristie Penley

8/5/96 407-580-2009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0017906

CR2E037 (3/96)