

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 06 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 # N95000006000 (2)

1. Corporation Name

G.F.W.C. NAPLES JUNIOR WOMEN'S CLUB, INC.



Principal Place of Business

Mailing Address

POST OFFICE BOX 2704  
NAPLES FL 34106

POST OFFICE BOX 2704  
NAPLES FL 34106-2704

3. Date Incorporated or Qualified  
12/18/1995

3a. Date of Last Report  
04/22/1996

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 34106 Country

Zip 34106 Country

24

29

30

4. FEI Number  
65-0642482

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

SITTA, SALLY  
646 ORCHARD DRIVE  
NAPLES FL 33940

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE

NAME MANURI, JEANNE  
STREET ADDRESS 6321 2ND AVE SW  
CITY-ST-ZIP NAPLES FL

TITLE V DELETE

NAME SWARTZ, JULIE  
STREET ADDRESS 11095 WINDSMG CIRCLE APT 202  
CITY-ST-ZIP NAPLES FL

TITLE T DELETE

NAME COURTRIGHT, BETH  
STREET ADDRESS 6619 CUTRY SARK LANE  
CITY-ST-ZIP NAPLES FL

TITLE VT DELETE

NAME ROACH, NARINA  
STREET ADDRESS 7663 MILLSTREAM DRIVE  
CITY-ST-ZIP NAPLES FL

TITLE 6T DELETE

NAME GILHAM, REBECCA  
STREET ADDRESS 3072 ROUND TABLE CT  
CITY-ST-ZIP NAPLES FL

TITLE V DELETE

NAME SCHOEPFER, SANDY  
STREET ADDRESS 2118 TARA CIRCLE  
CITY-ST-ZIP NAPLES FL

1.1 TITLE D Change Addition

1.2 NAME Swartz, Julie  
1.3 STREET ADDRESS 705 Bamboo Court  
1.4 CITY-ST-ZIP Naples, FL 34110

2.1 TITLE D Change Addition

2.2 NAME Roach, Marina  
2.3 STREET ADDRESS 7663 Mill Street Drive  
2.4 CITY-ST-ZIP Naples, FL 34109

3.1 TITLE D Change Addition

3.2 NAME Walker, Cindy  
3.3 STREET ADDRESS 3160 70th St. SW  
3.4 CITY-ST-ZIP Naples, FL 34105

4.1 TITLE D Change Addition

4.2 NAME Harris, Anne L.  
4.3 STREET ADDRESS 7743 Jewel lane  
4.4 CITY-ST-ZIP Naples, FL 34109

5.1 TITLE Change Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

CR2E037 (9/96)