FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N95000006000 (2)

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

FILED Mar 26 1998 8:00am Secretary of State

| | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | 1 | | | | |
|-----------------------------|---|---|-------------------------------|------------------|------------|--|--|----------------|-------------------|---|
| Principal Place of Business | | Mailing Address | | | 1 | 18061101 019 19191 01111 38111 0 9 | ili 16 ili 48ili 8 | AND BHILL BEIN | ODER ODII NODI | |
| POST OFFICE BOX 2704 | | POST OFFICE BOX 2704 | | | 3. Date | Incorporated or Qualifie | d | | | |
| NAPLES FL 34 | 106 | NAPLES FL 34106 | | | | | 12/18/1995 | | | |
| US | | US | | | | 4. FEI N | | | A | pplied For |
| | | | | | | - 6 | 5-0642482 | | | ot Applicable |
| | lace of Business | 2a. Mailing Address | | | | 5. Certif | icate of Status Desired | | | Additional |
| Suite, Apt. | # elc | Suite, Apt. #, etc. | | | | 4 5 | | | | Required |
| 22 | m, 010. | 27 | | | | ion Campaign Financing Fund Contribution | | | May Be to Fees | |
| City & Stat | ė | City & State | | | | | s nonprofit corporation a | homeowne | | |
| 23 | | 28 | | | | | | Yes [| ☐ No | <u> </u> |
| Zip | | | ⊢ | Country | | 8. This corporation owes or has paid the current year intangible | | | | |
| 24 | 9. Name and Address of Curre | | 30 | | | | onal Property Tax due Ju e and Address of New | | | No No |
| | B. Name and Address of Curr | int negisterau Agent | 8 | I Name | | 10, Nam | a and wooless of Mem | negistered | Арепт | |
| OITTA O | MALLO | | | 1,0,0,0 | | | | | | |
| SITTA, S | DALLT CHARD DRIVE | | 82 Street Addr | | | ress (P.O. Box Number is Not Acceptable) | | | | |
| | FL 33940 | | 8: | 3 | | | | | | |
| 144 660 | 16 00040 | | <u>-</u> | 1 0 | | | | | Table 1 | 0.1 |
| | | | 8 | City | | | | FL | 85 Zlp | Code |
| 11. Pursuant | to the provisions of Sections 617.05 | 02 and 617.1508, Florida Statuti | es, the abo | e-named | corpor | ation subr | nits this statement for th | e purpose o | f changing | its registered |
| office or r agent. I a | egistered agent, or both, in the Stat m familiar with, and accept the obli | te of Florida. Such change was a gations of, Section 617.0503, Fir | authorized t orida Statuti | y the cor ∋s. | rporation | n's board (| of directors. I hereby acc | cept the app | ointment a | a registered |
| SIGNATURE | | | | | | | | | | |
| | Signature, typed or printed name of registered a | | E: Registered A | gent signaturi | e required | | | DATE | | |
| 12. | · · · · · · · · · · · · · · · · · · · | ND DIRECTORS DELETE | 13. 1.1 TITLE | | 1 | ADDII | ONS/CHANGES TO OF | FICERS AND | D DIRECTO: | Addition |
| NAME | D Swartz, Julie | CA DECEME | | 1.2 NAME | | | | | ☐ Crisinge | X AUGUOII |
| STREET ADDRESS | | | | T ADDRESS | Ma | cGre | gor, Donna | | | • |
| CITY-ST-ZIP | NAPELS FL | | | ST-ZIP | 66 | 56 H | untley Lane | Nort | h | |
| TITLE | Ď | ☐ DELETÉ | | 2.1 TITLE | | i b r a e | , FL - 3410 4 | | Change | X Addition |
| NAME | ROACH, MARINA | | 2.2 NAME | 2.2 NAME | | sina | , Kathy | | | <i>(</i> * |
| STREET ADDRESS | 7663 MILL ST DRIVE | | 2.3 STREE | T ADDRESS | | | , kathy ssion Drive | | | |
| CITY-ST-ZIP | NAPLES FL | | 2.4 CITY-ST-ZIP | | | | FL 34109 | · | | |
| TITLE | D | DELETE | 3.1 TITLE | 3.1 TITLE | | , | - U 1207 | | ☐ Change | Addition |
| NAME | WALKER, CINDY | | 3.2 NAME | | | | | | | |
| STREET ADDRESS | 3160 70TH ST S.W. | | 3.3 STREE | T ADDRESS | | | | | | ٠. |
| CITY-ST-ZIP | NAPLES FL | | 3.4. CITY | ST-ZIP | | | | | | |
| TITLE | D | DELETE | 4.1 TITLE | 4.1 TITLE | | | | | ☐ Change | Addition |
| NAME | HARRIS, ANN. L | • | 4. 2 NAME | | | | | | | |
| STREET ADDRESS | 7743 JEWEL LANE | | 4.3 STREE | T ADDRESS | | | | | | |
| CITY-ST-ZIP | NAPLES FL | | 4.4 CITY- | 4.4 CITY-ST-ZIP | | | | | F-11 | |
| TITLE | | DELETE | 1 | 5.1 TITLE | | | | | Change | Addition |
| NAME | | | 5.2 NAME | 5.2 NAME | | | | | | |
| STREET ADDRESS | | | 5.3 STREE | T ADDRESS | | | | | | |
| CITY-ST-ZIP | | | 5.4 CITY | ST-ZIP | | | | | TT 2: | 7 |
| TITLE | | ☐ DELETE | 6.1 TITLE | | | | | | | ☐ Addition |
| NAME | | | 6.2 NAME | | | | | | | |
| STREET ADDRESS | | | 6.3 STREE | T ADDRESS | 1 | | | | | |

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.