

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90073 045 \*\*\*\*61.25

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**DOCUMENT # N95000006000**

1. Corporation Name

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

Principal Place of Business

POST OFFICE BOX 2704  
NAPLES FL 34106  
US

Mailing Address

POST OFFICE BOX 2704  
NAPLES FL 34106  
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

**12/18/1995**

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

9. Name and Address of Current Registered Agent

SITTA, SALLY  
646 ORCHARD DRIVE  
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name

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

**646 Orchard Drive**

83

84 City

**FL**

85 Zip Code  
**34102**

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	D	<input checked="" type="checkbox"/> DELETE
NAME	MACGREGOR, DONNA	
STREET ADDRESS	6656 HUNTLEY LANE N	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROACH, MARINA	
STREET ADDRESS	7663 MILL ST DRIVE	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WALKER, CINDY	
STREET ADDRESS	3160 70TH ST S.W.	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MESSINA, KATHY	
STREET ADDRESS	2117 MISSION DR	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D - P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Lisa Schwartz	
1.3 STREET ADDRESS	2093 Sevilla Way	
1.4 CITY-ST-ZIP	Naples, FL 34109	
2.1 TITLE	D - V 1st	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Sandy Schaeffer	
2.3 STREET ADDRESS	7626 San Sebastian Way	
2.4 CITY-ST-ZIP	Naples, FL 34109	
3.1 TITLE	D - V 2nd	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Ann Waters	
3.3 STREET ADDRESS	6902 Compton Lane S.	
3.4 CITY-ST-ZIP	Naples, FL 34104	
4.1 TITLE	D - T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Linda Lepore	
4.3 STREET ADDRESS	7715 Groves Rd.	
4.4 CITY-ST-ZIP	Naples, FL 34109	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE Linda Lepore **SIGNATURE REQUIRED** Linda Lepore 3/2/99 (41)594-5912  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)