	PLEASE READ PLICATION FOR STATEMENT	FLORIDA I Sa	DEPARTMEN ndra B. Mor	NT OF STATE	FILED STATES	ING THIS FORM.	•
DOCUMENT # N9600002865 1. Corporation Name GFWC BAYSIDE WOMAN'S CLUB, INC.					TARY OF STASSEE, FLC	TATE	
Principal Place of Business Mailing Add 114 TURNER STREET 114 TURNER GLEARWATER FL 34616 CLEARWAT			R-STREET ER FL-34616				
100 M. HIGHLAND AV. NE 100			Ing Office Address, if Applicable A. IHIGHLAND AVN , etc. 5.		Date Incorpor To Do Busin FEI Number	59-3403377 Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corpora				5Ations must list at lea	st 3 directors)	S8.75 Additional Fee requirements for a Certificate of Status	77 K
Title(s) D	2 and/or Directors TAYLOR, MARY ANN		Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers) 1690 KEENE ROAD SOUTH			4 CIty / State / Zip CLEARWATER FL 34616 33756	-
₽	RUNGE, COLETTE		202-LOTUS DRIVE			SAFETY HARBOR FL 34695	_
D	LUTZ, JUDY	13	1312 MORELAND DRIVE			CLEARWATER FL 84624- 3376 4	
D.	JACOBS, MARY T. 12203 Twi			J BRANCH		TAMPA, FL 33626 000027033177 -12/04/9801067016 *****235.25 *****235.25	
8. Name and Address of Current Registered Agent					9. Name and A	Address of New Registered Agent	\exists
NAIL, C. RICHARD 114-TURNER STREET CLEARWATER FL 34616				Name JOHN 5. TAYLOR TIL Street Address (P.O. Box Number is Not Acceptable) IOOI HIGHLAND AV. NE Suite, Apt. #, Etc. City LARGO FL 33770			
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registrated Agent REGISTERED AGENT MUST SIGN 11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No							
12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE: SIGNATURE SIGNATURE SIGNATURE Date Daytime Phone #							
	SIGNATURE AND YPED OR PRIN	TED NAME OF SIGN	NG OFFICER OR DI	RECTOR	15.0	Date Daytime Phone #	

MARY ANN TAYLOR