FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N43093** **(6)**

1. Corporation Name
GFWC-THE PALMETTO JUNIOR WOMAN'S CLUB, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1001 PALMETTO FL 34220 US	P.O. BOX 1001 PALMETTO FL 34220 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/23/1991**
3a. Date of Last Report: **04/01/1994**
4. FEI Number: **51-0104192** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES, INC.
1201 HAYES STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	ANDI DUSSEAU - 3RD VP ☐ Change ☐ Addition
NAME	PICK, LORI A — LINDA MURPHY, PRES.	12 NAME	
STREET ADDRESS	332 43RD ST BLVD W — 5815 32nd Ave Dr E	13 STREET ADDRESS	3232 6 AVE W.
CITY-ST-ZIP	PALMETTO FL — PALMETTO FL 3422	14 CITY-ST-ZIP	PALMETTO, FL 34221
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	MURPHY, LINDA — CINDY CHIN PRES ELECT	22 NAME	
STREET ADDRESS	5815 32ND AVE DR E — 11624 OLD TAMPA RD	23 STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL — PARRISH FL 34219	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	MONTGOMERY, KATHY — CONNIE GARCIA Secretary	32 NAME	
STREET ADDRESS	424 48 ST W — 8820 29 St E	33 STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL — ELLENTON FL 34222	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	SAMMONS, KAUS — KIM VOLE TREASURER	42 NAME	
STREET ADDRESS	1922 49 ST E — 2990 HWY 301	43 STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL — ELLENTON FL 34222	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	SPEIRS, TIA - 2nd VP — LUCILA WHISENANT	52 NAME	
STREET ADDRESS	13623 2ND AVE E — 4511 PINFISH LANE	53 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL — PALMETTO FL 34221	54 CITY-ST-ZIP	
TITLE	VPD	61 TITLE	☐ Change ☐ Addition
NAME	CHIN, CINDY — LINDA PIPER/ST VP	62 NAME	
STREET ADDRESS	11624 OLD TAMP RD — 1715 14 AVE W	63 STREET ADDRESS	
CITY-ST-ZIP	PARRISH FL — PALMETTO FL 34221	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: Linda A Murphy Linda A Murphy 4/4/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0052749