

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 24, 2004 8:00 am
Secretary of State

04-26-2004 91038 002 ****61.25

66423534



MOORE CR2E037 (11/03)

DOCUMENT # 703312 1. Entity Name WILLISTON JUNIOR WOMAN'S CLUB, INC.					
Principal Place of Business 623 N.E. 2ND AVE. WILLISTON FL 32696			Mailing Address P.O. BOX 416 WILLISTON FL 32696		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-0837907	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SISTRONK, CATRINA 628 SW 7TH AVE WILLISTON FL 32696				7. Name and Address of New Registered Agent Name DAVIS, TAMMY Street Address (P.O. Box Number is Not Acceptable) PO BOX 117 17550 NE 2nd Place City WILLISTON FL Zip Code 32696	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>C. Sistrunk</u> <u>Tammy Davis</u> <u>5/18/04</u> , president <u>4/23/04</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Delete
PD	SISTRONK, CATRINA	☐	PD	DAVIS, TAMMY	☒ Change ☐ Addition
STREET ADDRESS	628 SW 7TH AVE		STREET ADDRESS	PO BOX 117	
CITY-ST-ZIP	WILLISTON FL 32696		CITY-ST-ZIP	WILLISTON FL 32696	
VP	SISTRONK, CATRINA	☐	1ST VP	BENTON, CHARON	☒ Change ☐ Addition
STREET ADDRESS	628 SW 7TH AVENUE		STREET ADDRESS	550 SE 215TH AVE	
CITY-ST-ZIP	WILLISTON FL 32696		CITY-ST-ZIP	MORRISTON FL 32668	
2VP	BENTON, CHARON	☐	2VBP	CHANCEY, ROBIN	☒ Change ☐ Addition
STREET ADDRESS	550 SE 215TH AVE		STREET ADDRESS	6750 SE 135TH AVE	
CITY-ST-ZIP	MORRISTON FL 32668		CITY-ST-ZIP	MORRISTON FL 32668	
CS	MCGOWAN, SCARLETT	☐	CS	PETTEWAY, BRANDY	☒ Change ☐ Addition
STREET ADDRESS	PO BOX 542		STREET ADDRESS	2891 NE 16TH AVE	
CITY-ST-ZIP	WILLISTON FL 32696		CITY-ST-ZIP	WILLISTON FL 32696	
RS	WOODLAND, TAMMY	☐	RS	WILDER, AMY	☒ Change ☐ Addition
STREET ADDRESS	4670 NE 155TH AVE		STREET ADDRESS	15114 SW WILLISTON RD	
CITY-ST-ZIP	WILLISTON FL 32696		CITY-ST-ZIP	MIGANOPY FL 32667	
T	KING, BARBARA	☐	T	WOODLAND, TAMMY	☒ Change ☐ Addition
STREET ADDRESS	16691 NE 51ST STREET		STREET ADDRESS	4670 NE 155TH AVE	
CITY-ST-ZIP	WILLISTON FL 32696		CITY-ST-ZIP	WILLISTON FL 32696	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Catrina Sistrunk</u> <u>Tammy Davis</u> <u>5/18/04</u> <u>4/20/04</u> <u>(352)528-6304</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

2004-2005