

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 08, 2003 8:00 am**  
**Secretary of State**

0000623

**DOCUMENT # 703312**

1. Entity Name

**WILLISTON JUNIOR WOMAN'S CLUB, INC.**



09-08-2003 90312 013 \*\*\*\*61.25

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0837907**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JONES, LORI  
606 NE 10TH BLVD  
WILLISTON FL 32696

Name Sistrunk, Catrina

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

628 SW 7th Ave

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

*Catrina Sistrunk*

8/30/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**After September 10, 2003, min will be \$236.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	JONES, LORI	
STREET ADDRESS	606 NE 10TH BLVD	
CITY-ST-ZIP	WILLISTON FL 32696	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SISTRUNK, CATRINA	
STREET ADDRESS	628 SW 7TH AVENUE	
CITY-ST-ZIP	WILLISTON FL 32696	
TITLE	2VPD	<input checked="" type="checkbox"/> Delete
NAME	WHITE, KIM	
STREET ADDRESS	6371 NE ST RD 121	
CITY-ST-ZIP	WILLISTON FL 32696	
TITLE	CS	<input type="checkbox"/> Delete
NAME	MCGOWAN, SCARLETT	
STREET ADDRESS	PO BOX 542	
CITY-ST-ZIP	WILLISTON FL 32696	
TITLE	RS	<input checked="" type="checkbox"/> Delete
NAME	ANDRIJANOFF, ALISA	
STREET ADDRESS	623 NE 2ND PL	
CITY-ST-ZIP	WILLISTON FL 32696	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SANDLIN, SHARON	
STREET ADDRESS	18251 NE 60TH ST	
CITY-ST-ZIP	WILLISTON FL 32696	

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sistrunk, Catrina	
STREET ADDRESS	628 SW 7th Ave	
CITY-ST-ZIP	Williston FL 32696	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Davis, Tammy	
STREET ADDRESS	PO Box 117	
CITY-ST-ZIP	Williston FL 32696	
TITLE	2VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Benton, Charon	
STREET ADDRESS	550 SE 215th Ave	
CITY-ST-ZIP	Morriston FL 32668	
TITLE	CS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	RS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Woodland, Tammy	
STREET ADDRESS	4670 NE 155th Ave	
CITY-ST-ZIP	Williston FL 32696	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	King, Barbara	
STREET ADDRESS	16691 NE 51st St	
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:

*Catrina Sistrunk*  
**SECRETED**

8/30/03

(352)

528-636A

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR12E037 (4/03)