

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 25, 2002 8:00 am
Secretary of State

06-25-2002 90448 046 ****61.25

DOCUMENT # 707191

1. Entity Name

GFWC TEMPLE TERRACE JUNIOR WOMAN'S CLUB, INC.

Principal Place of Business

415 WOODMONT AVE
P.O. BOX 16206
TEMPLE TERRACE FL 33687
US

Mailing Address

415 WOODMONT AVE
PO BOX 16206
TEMPLE TERRACE FL 33687
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1055074

Applied For
Not Applicable

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

GUY, NANCY A
9301 RIVER COVE DR.
RIVERVIEW FL 33569

Name **Alison M. Fernandez**

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

6601 Heatherton Court

City **Temple Terrace**

FL

Zip Code **33617**

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.

SIGNATURE

5/28/02

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☐ Delete
NAME **WHITAKER, KIM**
STREET ADDRESS **8211 STEAMBOAT LANE**
CITY-ST-ZIP **TAMPA FL 33617**

TITLE ☒ Change ☐ Addition
NAME **Nancy Guy**
STREET ADDRESS **7108 Colonial Lake Drive**
CITY-ST-ZIP **Riverview, FL 33569**

TITLE **PD** ☐ Delete
NAME **MORRIS, RUTH**
STREET ADDRESS **5618 OAKLAND DR.**
CITY-ST-ZIP **TAMPA FL 33617**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **BUHITE, PAT**
STREET ADDRESS **312 GLEN BURNIE AVE**
CITY-ST-ZIP **TAMPA FL 33617**

TITLE **VD** ☒ Change ☐ Addition
NAME **Misty Winter**
STREET ADDRESS **6717 Maybole Place**
CITY-ST-ZIP **Temple Terrace, FL 33617**

TITLE **VD** ☐ Delete
NAME **BAKER, DEBBIE**
STREET ADDRESS **7509 E 113TH AVE**
CITY-ST-ZIP **TAMPA FL 33617**

TITLE ☒ Change ☐ Addition
NAME **Kelly Hancock**
STREET ADDRESS **11885 Raintree Drive**
CITY-ST-ZIP **Temple Terrace, FL 33617**

TITLE **TD** ☐ Delete
NAME **GUY, NANCY**
STREET ADDRESS **9301 RIVER COVE DR.**
CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE **TD** ☒ Change ☐ Addition
NAME **Alison Fernandez**
STREET ADDRESS **6601 Heatherton Court**
CITY-ST-ZIP **Temple Terrace, FL 33617**

TITLE **VD** ☐ Delete
NAME **LAUTERIA, TINA**
STREET ADDRESS **6817 WHITEWAY DR**
CITY-ST-ZIP **TEMPLE TERRACE FL 33617**

TITLE ☒ Change ☐ Addition
NAME **Lynn Werner**
STREET ADDRESS **404 Glen Ridge Avenue**
CITY-ST-ZIP **Temple Terrace, FL 33617**

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: Alison M. Fernandez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/28/02

Date

813-987-9691

Daytime Phone #

CR2E037 (9/01)