

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90266 042 ****61.25

DOCUMENT # 707191 1. Entity Name GWFC TEMPLE TERRACE JUNIOR WOMAN'S CLUB, INC.			
Principal Place of Business 415 WOODMONT AVE. TEMPLE TERRACE, FL 33617 US		Mailing Address PO BOX 16206 TEMPLE TERRACE, FL 33687 US	
2. Principal Place of Business 415 Woodmont Ave Suite, Apt. #, etc.		3. Mailing Address PO Box 16206 Suite, Apt. #, etc.	
City & State Temple Terrace FL Zip 33617 Country US		City & State Temple Terrace FL Zip 33687 Country US	
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 PENOYER, JENNIFER 307 S BAHAMAS AVE. → TAMPA, FL 33617		7. Name and Address of New Registered Agent Name Jennifer Penoyer Street Address (P.O. Box Number is Not Acceptable) 11006 Saginaw Dr 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <i>Jennifer Penoyer</i> Jennifer Penoyer Treasurer 1/28/05 Signature, typed or printed name of registered agent only if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
Filing Fee is \$61.25 Due by May 1, 2005		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 SD NAME LONG, ANITA STREET ADDRESS 7601 LEON AVE. CITY-ST-ZIP TAMPA, FL 33637	☒ Delete	TITLE SD NAME Kara Tubbs STREET ADDRESS 516 Terrace Hill Dr CITY-ST-ZIP Temple Terrace, FL 33617	☒ Change ☐ Addition
TITLE PD NAME WINTER, ELIZABETH M. STREET ADDRESS 615 HALLIEWOOD AVE CITY-ST-ZIP TEMPLE TERRACE, FL 33617	☒ Delete	TITLE PD NAME Alison Fernandez STREET ADDRESS 6601 Heatherton Dr CITY-ST-ZIP Temple Terrace, FL 33617	☒ Change ☐ Addition
TITLE VD NAME DEVANE, MINDY STREET ADDRESS 6308 JACQUELING ARBOR DR. CITY-ST-ZIP TAMPA, FL 33617	☐ Delete	TITLE VD NAME Same STREET ADDRESS ← CITY-ST-ZIP ←	☐ Change ☐ Addition
TITLE VD NAME FERNANDEZ, ALISON STREET ADDRESS 6601 HEATHERTON DR. CITY-ST-ZIP TAMPA, FL 33617	☐ Delete	TITLE VD NAME Anita Long STREET ADDRESS 7601 Leon Ave CITY-ST-ZIP Temple Terrace, FL 33617	☒ Change ☐ Addition
TITLE TD NAME PENoyer, JENNIFER STREET ADDRESS 307 S. BAHAMAS AVE. CITY-ST-ZIP TEMPLE TERRACE, FL 33617	☐ Delete	TITLE TD NAME Same STREET ADDRESS ← CITY-ST-ZIP ←	☐ Change ☐ Addition
TITLE VD NAME WATERMAN, JEANNIE STREET ADDRESS 6626 JENNIFER DR. CITY-ST-ZIP TAMPA, FL 33617	☒ Delete	TITLE VD NAME Lynn Werner STREET ADDRESS 404 Glen Ridge Ave CITY-ST-ZIP Temple Terrace, FL 33617	☒ Change ☐ Addition
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: <i>Jennifer Penoyer</i> Jennifer Penoyer 1/28/05 (813) 980-2033 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			