

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

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90166 004 ****61.25

DOCUMENT # 707191

1. Entity Name

GWFC 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

415 Woodmont Ave.

3. Mailing Address

P.O. Box 16206

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Temple Terrace, FL

City & State

Temple Terrace, FL

Zip

33617

Country

USA

Zip

33687

Country

USA

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

**FERNANDEZ, ALISON M
6601 HEATHERTON COURT
TEMPLE TERRACE FL 33617**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 **Alison M. Fernandez**

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

(NOTE: Registered Agent signature required when reinstating)

1/31/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☐ Delete
NAME **GUY, NANCY**
STREET ADDRESS **7108 COLONIAL LAKE DRIVE**
CITY-ST-ZIP **RIVERVIEW FL 33569**

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

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

TITLE **President** ☒ Change ☐ Addition
NAME **Elizabeth M. Winter**
STREET ADDRESS **615 Hallie Wood Avenue**
CITY-ST-ZIP **Temple Terrace, FL 33617**

TITLE **VD** ☐ Delete
NAME **WINTER, MISTY**
STREET ADDRESS **6717 MAYBOLE PLACE**
CITY-ST-ZIP **TAMPA FL 33617**

TITLE **Vice President** ☒ Change ☐ Addition
NAME **Sandi Anderson**
STREET ADDRESS **6218 Greenwich Drive**
CITY-ST-ZIP **Tampa, FL 33647**

TITLE **VD** ☐ Delete
NAME **HANCOCK, KELLY**
STREET ADDRESS **11885 RAINTREE DRIVE**
CITY-ST-ZIP **TAMPA FL 33617**

TITLE **Vice President** ☒ Change ☐ Addition
NAME **Jeannie Waterman**
STREET ADDRESS **6626 Jennifer Drive**
CITY-ST-ZIP **Temple Terrace, FL 33617**

TITLE **TD** ☐ Delete
NAME **FERNANDEZ, ALISON**
STREET ADDRESS **6601 HEATHERTON COURT**
CITY-ST-ZIP **TEMPLE TERRACE FL 33617**

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

TITLE **VD** ☐ Delete
NAME **WERNER, LYNN**
STREET ADDRESS **404 GLEN RIDGE AVENUE**
CITY-ST-ZIP **TEMPLE TERRACE FL 33617**

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

CR2E037 (10/02)

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

1/31/03

813-987-9691