

DOCUMENT # 711442

1. Entity Name

GFWC CHARLOTTE COUNTY JUNIORS, INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90079 014 \*\*\*\*61.25

Principal Place of Business

Mailing Address

P.O. BOX 2842
PORT CHARLOTTE FL 33949-2842

P.O. BOX 2842
PORT CHARLOTTE FL 33949-2842



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

71-4421806

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

POWERS, SUSAN D
5475 GROVEWOOD CR
PUNTA GORDA FL 33982

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.

SIGNATURE

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
NAME THORNBURGH, SANDRA
STREET ADDRESS 1307 ONYX ST
CITY-ST-ZIP PORT CHARLOTTE FL 33980

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME MORARIS, DENISE
STREET ADDRESS 806 ELICOTT CIRCLE
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME POWERS, SUSAN
STREET ADDRESS 1307 ONYX ST
CITY-ST-ZIP PUNTA GORDA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD
NAME BUTWELL, BRENDA
STREET ADDRESS 3415 GROVEWOOD CIRCLE
CITY-ST-ZIP PUNTA GORDA FL

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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: SUSAN POWERS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-2000

Date

941-575-7168

Daytime Phone #

CR2E037 (9/99)