

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 723177

1. Entity Name

GFWC-CLEARWATER COMMUNITY WOMAN'S CLUB, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90052 011 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2460 PURSIAN DR #34 CLEARWATER FL 33763 US	Mailing Address PO BOX 6074 P.O. BOX 6074 CLEARWATER FL 33758-6074 US
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2. Principal Place of Business 2460 PERSIAN DR	3. Mailing Address
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Suite, Apt. #, etc. # 34	Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 23-7241338	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

YATES, TRUDY J
3022 HIDDEN HILLS DR
PALM HARBOR FL 34683

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> Delete
NAME	JOHANSEN, FRANCES	
STREET ADDRESS	52 PENZANCE CT	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	V	<input type="checkbox"/> Delete
NAME	JENSEN, GEORGIA	
STREET ADDRESS	1641 SANTA BARBARA DR	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HENNING, PATRICIA	
STREET ADDRESS	400 PONCE DE LEON BLVD	
CITY-ST-ZIP	CLEARWATER, FL 00000 33756	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CASSELS, MARELLA	
STREET ADDRESS	2460 PURSIAN DR #34	
CITY-ST-ZIP	CLEARWATER FL 33763	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LEE, ELLIE	
STREET ADDRESS	1863 OAKDALE LAKE N	
CITY-ST-ZIP	CLEARWATE FL 33764	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	YATES, TRUDY	
STREET ADDRESS	3022 HIDDEN HILLS DR	
CITY-ST-ZIP	PALM HARBOR FL 34683	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2460 PERSIAN DR # 34	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEIER, SUE	
STREET ADDRESS	3266 SAN BERNADINO ST	
CITY-ST-ZIP	CLEARWATER FL 33759	

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: Sue Meier TREASURER Date: 4-21-00 Daytime Phone # _____

CR2E037 (9/99)