

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

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90750 016 ****61.25

DOCUMENT # 733072

1. Entity Name

GFWC WOMAN'S CLUB OF CLEARWATER, INC.



Principal Place of Business

**C/O SHERRILL ROBERSON
1631 DALE CIR. SO.
DUNEDIN FL 34698
US**

Mailing Address

**C/O SHERRILL ROBERSON
1631 DALE CIR. SO.
DUNEDIN FL 34698
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 **59-1637435**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROBERSON, SHERRILL
631 DALE CIRCLE SOUTH
DUNEDIN FL 34698**

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

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	DOLE, LUCILLE	
STREET ADDRESS	2331 BELLAIR RD, #813	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MORELAND, PEGGY	
STREET ADDRESS	2248 BLOSSOM WAY	
CITY-ST-ZIP	CLEARWATER FL 33763	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	FREEMAN, VIOLA	
STREET ADDRESS	2728 SAND HOLLOW CT	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	S	<input type="checkbox"/> Delete
NAME	WURMLE, MARY	
STREET ADDRESS	2171 PINE RIDGE DR	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROBERSON, SHERRILL	
STREET ADDRESS	1631 DALE CIR. SO.	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HAUSER, JANET	
STREET ADDRESS	1014 STEPHEN FOSTER DR	
CITY-ST-ZIP	LARGO FL 33771	

TITLE	Corresponding Sec.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ekaine Sullivan	
STREET ADDRESS	2550 ST Rd 580 #190	
CITY-ST-ZIP	Clearwater FL 33764	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mildred Clark	
STREET ADDRESS	2331 Bellaair Rd #513	
CITY-ST-ZIP	Clearwater, FL 33764	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer / no change	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Sherrill Roberson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/9/03**
Daytime Phone #: **(727) 734-8500**

CR2E037 (10/02)