

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90048 048 ****61.25

DOCUMENT # 740124

1. Entity Name

GFWC SANTA ROSA WOMAN'S CLUB INC.



Principal Place of Business

PO BOX 423
GULF BREEZE FL 32562-0423
US

Mailing Address

PO BOX 423
GULF BREEZE FL 32562-0423
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

59-1709451

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

GALLAGHER, MS. PRESLEY
3372 LAUREL DR.
GULF BREEZE FL 32561

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

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
Due By May 1, 2004**

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GINN, MARION	
STREET ADDRESS	1607 GUAM LANE	
CITY-ST-ZIP	GULF BREEZE FL 32563	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BARRETT, KATHY	
STREET ADDRESS	46 HIGHPOINT DR	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	PERRY, LENORE	
STREET ADDRESS	1137 LIONSGATE LANE	
CITY-ST-ZIP	GULF BREEZE FL 32563	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	MIKSCH, BARBARA	
STREET ADDRESS	3 BREEZE STREET	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	RS	<input type="checkbox"/> Delete
NAME	JENKINS, ROSE	
STREET ADDRESS	109 NANDINA ROAD	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	STANFORD, SALLY D	
STREET ADDRESS	1200 WILLOWOOD LANE	
CITY-ST-ZIP	GULF BREEZE FL 32563	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRANDON, WENDY	
STREET ADDRESS	1756 EISENBERG	
CITY-ST-ZIP	PENSACOLA BEACH FL 32561	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OLIVER, BARBARA	
STREET ADDRESS	4639 SHOKEY RD	
CITY-ST-ZIP	GULF BREEZE FL 32563	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOODWARD, MARY	
STREET ADDRESS	3172 DUKE DRIVE	
CITY-ST-ZIP	GULF BREEZE FL 32563	
TITLE	RS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMPBELL, ANNA W.	
STREET ADDRESS	200 LAURA LANE	
CITY-ST-ZIP	GULF BREEZE FL 32561	

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.

ANNA W. CAMPBELL

SIGNATURE:

Anna W. Campbell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 9, 2004

Date

850-932-7943

Daytime Phone #