

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90080 019 ****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

1st MOORE

CR2E037 (10/05)

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

7. Name and Address of New Registered Agent

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

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 reappointing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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 P ☐ Delete
NAME GADDIS, SHIRLEY
STREET ADDRESS 3014 RANCHETTE SQ
CITY-ST-ZIP GULF BREEZE FL 32563

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

TITLE RS ☒ Delete
NAME GADDIS, DONNA
STREET ADDRESS 1129 WESTLINE CT
CITY-ST-ZIP GULF BREEZE FL 32563

TITLE RS ☒ Change ☐ Addition
NAME Pat Tunison
STREET ADDRESS 414 Warwick St.
CITY-ST-ZIP Gulf Breeze, Fl. 32561

TITLE P ☒ Delete
NAME OLIVER, BARBARA
STREET ADDRESS 4639 SMOKEY RD.
CITY-ST-ZIP GULF BREEZE FL 32563

TITLE P ☒ Change ☐ Addition
NAME Marion Ginn
STREET ADDRESS 1607 Guam Ln.
CITY-ST-ZIP Gulf Breeze, Fl. 32563

TITLE 1VP ☒ Delete
NAME GINN, MARION
STREET ADDRESS 1607 GUAM LN
CITY-ST-ZIP GULF BREEZE FL 32563

TITLE 1VP ☒ Change ☐ Addition
NAME Barbara Gonshor
STREET ADDRESS 1639 Kalakawa CT.
CITY-ST-ZIP Gulf Breeze, Fl. 32563

TITLE CS ☒ Delete
NAME JENKINS, ROSE
STREET ADDRESS 109 NANDINA ROAD
CITY-ST-ZIP GULF BREEZE FL 32561

TITLE CS ☒ Change ☐ Addition
NAME Barbara Miksch
STREET ADDRESS 3 Breeze St.
CITY-ST-ZIP Gulf Breeze, Fl. 32561

TITLE T ☒ Delete
NAME CAMPBELL, ANNA W
STREET ADDRESS 200 LAURA LANE
CITY-ST-ZIP GULF BREEZE FL 32561

TITLE T ☒ Change ☐ Addition
NAME Marie Boykin
STREET ADDRESS 409 Cumberland Ave.
CITY-ST-ZIP Gulf Breeze, Fl. 32561

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Shirley Gaddis Shirley Gaddis 04/21/06 850-932-7925