

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90312 025 ****61.25

0017785

DOCUMENT # 742348

1. Entity Name

GFWC MYRTLE GROVE WOMAN'S CLUB, INCORPORATED

Principal Place of Business

885 N 70TH AVE
 PO BOX 3328
 PENSACOLA FL 32516

Mailing Address

885 N 70TH AVENUE
 P.O. BOX 3328 N/A
 PENSACOLA FL 32516-3528
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6207793

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

SCHONTHALER, MILDRED E
409 TONAWANDA DR.
PENSACOLA FL 32506

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

Mildred E. Schonthaler
 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 PD ☒ Delete
 NAME KREHELY, MARTHA
 STREET ADDRESS 6780 BUNKER HILL CIRCLE
 CITY-ST-ZIP PENSACOLA FL 32506

TITLE PD ☒ Change ☐ Addition
 NAME FLUCK, OZELLE
 STREET ADDRESS 319 CAIHOUN AVENUE
 CITY-ST-ZIP PENSACOLA, FL. 32507

TITLE VD ☒ Delete
 NAME WALLER, CATHERINE
 STREET ADDRESS 7025 WEATHERWOOD DR.
 CITY-ST-ZIP PENSACOLA FL 32506

TITLE VD ☒ Change ☐ Addition
 NAME MOSS, JULIE
 STREET ADDRESS 2147 YARDLEY CIRCLE
 CITY-ST-ZIP PENSACOLA, FL. 32526

TITLE TD ☒ Delete
 NAME LUCAS, CONNIE M
 STREET ADDRESS 7102 OLSEN RD
 CITY-ST-ZIP PENSACOLA FL 32506

TITLE TD ☒ Change ☐ Addition
 NAME MCGARY, GINNY M
 STREET ADDRESS 6760 BUNKER HILL CIRCLE
 CITY-ST-ZIP PENSACOLA, FL. 32506

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Virginia M. McGary
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02-17-01

850-455-8084

CR2E037 (10/00)