

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

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90947 001 ****61.25

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

**PO BOX 3328
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

**SCHONTHALER, MILDRED E
409 TONAWANDA DR.
PENSACOLA FL 32506**

7. Name and Address of New Registered Agent

Name **Gustafson, Marge**

Street Address (P.O. Box Number is Not Acceptable)

4970 Catalina Circle

City

Pensacola,

FL

Zip Code

32506-5343

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 **Marge Gustafson VD**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Feb 25, 2003

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 **PD** ☐ Delete
NAME **WALLER, CATHERINE**
STREET ADDRESS **7025 WEATHERWOOD DR.**
CITY-ST-ZIP **PENSACOLA FL 32506-3895**

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

TITLE **VD** ☐ Delete
NAME **GUSTAFSON, MARGE**
STREET ADDRESS **4970 CATALINA CIR.**
CITY-ST-ZIP **PENSACOLA FL 32506-5343**

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

TITLE **TD** ☐ Delete
NAME **LUCAS, CONNIE**
STREET ADDRESS **7102 OLGEM RD.**
CITY-ST-ZIP **PENSACOLA FL 32506-3859**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **7102 Olsen Road**
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

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:

SIGNATURE REQUIRED

Connie M. Lucas

25 February 2003

CR2E037 (10/02)