

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


**FILED**  
**Feb 26, 2003 8:00 am**  
**Secretary of State**

1/2

01-23-2003 90091 034 \*\*\*\*61.25

**DOCUMENT # N02000008041**

1. Entity Name  
**GFWC RIDGE WOMEN'S CLUB INC.**



Principal Place of Business      Mailing Address  
**936 VIA BIANCA DR.**      **936 VIA BIANCA DR.**  
**DAVENPORT FL 33896**      **DAVENPORT FL 33896**

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  
**65-1143902**

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

**TRAN, DONNA**  
**252 VIA MARIEL E DR.**  
**DAVENPORT FL 33896**

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 \_\_\_\_\_ (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 NAME       Delete

**P SMITH, KRIS**

STREET ADDRESS      **936 VIA BIANCA DR.**

CITY-ST-ZIP      **DAVENPORT FL 33896**

TITLE NAME       Change       Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME       Delete

**V DENEEN, JANICE**

STREET ADDRESS      **202 VIA MARIEL E. DR.**

CITY-ST-ZIP      **DAVENPORT FL 33896**

TITLE NAME       Change       Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME       Delete

**V HUDSON, KRISTIE**

STREET ADDRESS      **104 JUDITH WAY**

CITY-ST-ZIP      **DAVENPORT FL 33897**

TITLE NAME       Change       Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME       Delete

**S NYQUIST, ROBIN**

STREET ADDRESS      **1222 WOODFLOWER WAY**

CITY-ST-ZIP      **CLERMONT FL 34711**

TITLE NAME       Change       Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME       Delete

**ST TRAN, DONNA**

STREET ADDRESS      **252 VIA MARIEL E. DR.**

CITY-ST-ZIP      **DAVENPORT FL 33896**

TITLE NAME       Change       Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME       Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME       Change       Addition

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: Donna Tran      **SIGNATURE REQUIRED**      1/20/03      863-424-7655

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (10/02)