

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

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90228 007 ****70.00

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1. Entity Name

GFWC CENTRAL FLORIDA WOMAN'S CLUB, INC.



Principal Place of Business

1503 MARTINEZ DRIVE
THE VILLAGES FL 32159-8798

Mailing Address

PO BOX 143
FRUITLAND PARK FL 34731-0143

2. Principal Place of Business

33416 PICCIOLA DR

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FRUITLAND PARK, FL

City & State

4. FEI Number

13-4221864

Applied For

Not Applicable

Zip

34731

Country

USA

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

MOORE

CR2E037 (11/03)



6. Name and Address of Current Registered Agent

ROESLER, JOAN E
1503 MARTINEZ DRIVE
THE VILLAGES FL 32159-8798

7. Name and Address of New Registered Agent

Name BUCHER, KATHRYN B.

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

33416 PICCIOLA DR

City

FRUITLAND PARK

FL

Zip Code

34731

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 KATHRYN BUCHER

Kathryn B. Bucher

4/26/04

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 DP ☒ Delete
NAME ROESLER, JOAN E
STREET ADDRESS 1503 MARTINEZ DRIVE
CITY-ST-ZIP THE VILLAGES FL 32159-8798

TITLE DV ☒ Delete
NAME SCHULTZ, LAVERINE
STREET ADDRESS 812 PALM HARBOR COURT
CITY-ST-ZIP LEESBURG FL 34748-8798

TITLE DS ☒ Delete
NAME THOMAS, MARTHA
STREET ADDRESS 32825 TIMBERWOOD DRIVE
CITY-ST-ZIP LEESBURG FL 34748

TITLE DT ☒ Delete
NAME BOOTHE, JANE R
STREET ADDRESS 208 N VALLEY ROAD
CITY-ST-ZIP FRUITLAND PARK FL 34731-3009

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☒ Change ☐ Addition
NAME BUCHER, KATHRYN B.
STREET ADDRESS 33416 PICCIOLA DR
CITY-ST-ZIP FRUITLAND PARK, FL 34731

TITLE DV ☒ Change ☐ Addition
NAME SCHULTZ, LAVERNE
STREET ADDRESS SAME ADDRESS
CITY-ST-ZIP

TITLE DS ☒ Change ☐ Addition
NAME IRWIN, WALLY
STREET ADDRESS 23 RHETT RD
CITY-ST-ZIP LEESBURG, FL 34788

TITLE DT ☒ Change ☐ Addition
NAME STEVENS, PATRICIA
STREET ADDRESS 35012 HAINES CREEK RD
CITY-ST-ZIP LEESBURG, FL 34788

TITLE ☐ Change ☐ Addition
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: PATRICIA STEVENS *Patricia Stevens*

4/26/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #