2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2000 8:00 am
Secretary of State
03-27-2000 90096 040 ****61.25

DOCUMENT # N07318

1. Entity Name

GFWC TALLAHASSEE JUNIOR WOMAN'S CLUB, INC.

Principal Place of Business	Mailing Address
% LOS ROBLES P.O. BOX 944 TALLAHASSEE FL 32302-0944	% LOS ROBLES P.O. BOX 944 TALLAHASSEE FL 32302-0944

DO NOT WRITE IN THIS SPACE

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 59-6138788 ☐ 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
DUGGAR, THOMAS E. 1391 TIMBERLANE ROAD TALLAHASSEE FL 32302	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 _____
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	T GROSZOS, AMY 2117 SPENCE AVE TALLAHASSEE FL 32308	☒ Delete	D Joann Fletcher 1631 Goodwood Dr. Tallahassee, FL 32308	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRENNAN, KATHLEEN 3106 ARON CIRCLE TALLAHASSEE FL 32312	☐ Delete DO NOT DELETE	D Lori Butler 2417 Dundee Dr. Tallahassee, FL 32308	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THOMAS, PAT 3213 WHITNEY DR. W TALLAHASSEE FL	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAMILTON, BETH 2308 ARENDELL WAY TALLAHASSEE FL	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PS President TOCOI, ARTHUR 2337 EASTGATE WAY TALLAHASSEE FL 32308	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AUBIN, CANDI 3404 MERRIMAC DRIVE TALLAHASSEE FL	☐ Delete		☐ Change ☐ Addition

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: Kathleen L. Brennan Kathleen L. Brennan 3/22/00 (850) 385-0109
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #