2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State
02-20-2004 90016 037 ****61.25

DOCUMENT # N49459

1. Entity Name
GFWC MELBOURNE WOMAN'S CLUB INC.

Principal Place of Business	Mailing Address
PO BOX 2212 MELBOURNE, FL 32902-2212	PO BOX 2212 MELBOURNE, FL 32902-2212

02042004 Chg-NP CR2E037 (10/03)

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 59-1711010 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required.

6. Name and Address of Current Registered Agent

SMITH, JIMMIE GODWIN
500 W FEE AVE
MELBOURNE, FL 32901

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SEVERANCE, BESSIE 713 BADGER DR NE PALM BAY, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WITERSKI, VIRGINIA 190 MAYWOOD AVE NW PALM BAY, FL 32907	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GUY, KATHY 473 LINDA AVE MELBOURNE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Guy, Kathy 3841 St. Armens Circle Melbourne, Fl. 32934	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MULLINS, RETHA 4112 KNIGHT AVENUE MELBOURNE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Mullins, Retha 401 Earl Ave. Melbourne, Fl. 32901	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SALLER, HELEN 1302 AVENTURA WAY MELBOURNE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Saller, Helen 2257 Brightwood Circle Viera, Fl. 32955	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, JIMMIE 500 W. FEE AVE. MELBOURNE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: Jimmie Godwin Smith 2/13/04 321-723-3235
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #