2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 08:00 AM
Secretary of State

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

02082005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

DO NOT WRITE IN THIS SPACE

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: Jimmie Godwin Smith 2/8/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SEVERANCE, BESSIE
STREET ADDRESS	713 BADGER DR NE
CITY-ST-ZIP	PALM BAY, FL
TITLE	D
NAME	WITERSKI, VIRGINIA
STREET ADDRESS	190 MAYWOOD AVE NW
CITY-ST-ZIP	PALM BAY, FL 32907
TITLE	D
NAME	GUY, KATHY
STREET ADDRESS	3841 ST. ARMENS CIRCLE.
CITY-ST-ZIP	MELBOURNE, FL 32934
TITLE	D
NAME	MULLINS, RETHA
STREET ADDRESS	401 EARL AVE.
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	D
NAME	SALLER, HELEN
STREET ADDRESS	2257 BRIGHTWOOD CIRCLE.
CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	D
NAME	SMITH, JIMMIE
STREET ADDRESS	500 W. FEE AVE.
CITY-ST-ZIP	MELBOURNE, FL

000000225603
02/11/05-80046-005 61.25

DO NOT WRITE IN THIS SPACE

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: Bessie M Severance Bessie M. Severance 2/8/05 321-727-2852
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #