

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90161 022 ****61.25

DOCUMENT # 740942

1. Entity Name

**GENERAL FEDERATION OF WOMEN'S CLUBS (GFWC)
FORT WALTON BEACH WOMAN'S CLUB, INC.**



Principal Place of Business

Mailing Address

**BROOKS-BEAL CENTER, 100 BEAL PARKWAY,
NW., P.O. BOX 783
FORT WALTON BEACH FL 32549
US**

**BROOKS-BEAL CENTER, 100
P.O. BOX 783
FORT WALTON BEACH FL 32549
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-6158010

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

**PHILLIPS, THELMA C
9 BAYVIEW DRIVE
SHALIMAR FL 32579**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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 PD ☐ Delete
NAME JORDAN, CAROLYN
STREET ADDRESS 141 ELDREDGE RD
CITY-ST-ZIP FORT WALTON BEACH FL 32547

TITLE VD ☒ Delete
NAME GLOD, ZELMA
STREET ADDRESS 316 WOODROW ST., #4
CITY-ST-ZIP FORT WALTON BEACH FL 32547-2226

TITLE V ☒ Delete
NAME BOYER, DORIS
STREET ADDRESS 905 MIDDLE DRIVE
CITY-ST-ZIP FORT WALTON BEACH FL 32547-2849

TITLE V ☐ Delete
NAME TIDWELL, KATHY R
STREET ADDRESS 13 SHARILYN DRIVE
CITY-ST-ZIP SHALIMAR FL 32579-1021

TITLE S ☐ Delete
NAME STEVENSON, ELMA
STREET ADDRESS 952 POCAHONTAS DR
CITY-ST-ZIP FORT WALTON BEACH FL 32547-3283

TITLE TD ☐ Delete
NAME HASKINS, ANNE M.
STREET ADDRESS 30 ANASTASIA DR. S.E.
CITY-ST-ZIP FORT WALTON BEACH FL 32548-7219

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Change ☒ Addition
NAME TAYLOR, MAUREEN
STREET ADDRESS 325 ALCONSE AVE, UNIT 3
CITY-ST-ZIP FORT WALTON BEACH FL 32548-2804

TITLE S ☐ Change ☒ Addition
NAME PETERSON, DOROTHY
STREET ADDRESS 41 LINWOOD ROAD
CITY-ST-ZIP FORT WALTON BEACH, FL 32547-1632

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☒ Change ☐ Addition
NAME STEVENSON, ELMA
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 exemptions contained in Section 119, 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: *Ann Martin Haskins Treasurer*

4-26-06

850

244-5973