

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2003 8:00 am
Secretary of State

02-11-2003 90064 046 ****61.25

DOCUMENT # N97000002759

1. Entity Name

THE WOMAN'S CLUB OF STARKE, INC.



Principal Place of Business

**201 N WALNUT ST
STARKE FL 32091**

Mailing Address

**P O BOX 951
STARKE FL 32091
US**

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 **59-3505724**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ROSIER, PHYLLIS M
100 W CALL ST
STARKE FL 32091**

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ROWE, JO ANN	
STREET ADDRESS	163 RD SW	
CITY-ST-ZIP	STARKE FL 32091	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, SANDRA	
STREET ADDRESS	P O BOX 67	
CITY-ST-ZIP	STARKE FL 32091	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	STUMP, LILLIAN	
STREET ADDRESS	1199 BESSENT ROAD	
CITY-ST-ZIP	STARKE FL 32091	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WOMACK, EVELYN	
STREET ADDRESS	P O BOX 700	
CITY-ST-ZIP	STARKE FL 32091	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	PARRISH, IDELL	
STREET ADDRESS	485 SE 31 WY	
CITY-ST-ZIP	MELROSE FL 32666	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCRAE, GLADYS	
STREET ADDRESS	1517 BESSENT RD	
CITY-ST-ZIP	STARKE FL 32091	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEST, CONNIE	
STREET ADDRESS	762 N WALNUT ST	
CITY-ST-ZIP	STARKE FL 32091	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAZEN, CLARA	
STREET ADDRESS	13870 SW 175th AVE	
CITY-ST-ZIP	BROOKER FL 32622	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRANE, ANNETTE	
STREET ADDRESS	3991 SR21	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATRAY, MINNIE LOU	
STREET ADDRESS	1074 EASTWOOD DR	
CITY-ST-ZIP	STARKE FL 32091	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWELL, MARY	
STREET ADDRESS	502 LEGION TERRACE	
CITY-ST-ZIP	STARKE FL 32091	

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:

PHYLLIS M ROSIER

2/06/03

904/964-2459

CR2E037 (10/02)