

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740124

Entity Name: GFWC SANTA ROSA WOMAN'S CLUB INC.**Current Principal Place of Business:**1200 WILLOWOOD LANE
GULF BREEZE, FL 32563**Current Mailing Address:**PO BOX 423
GULF BREEZE, FL 32562-0423 US**FEI Number: 59-1709451****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**PFEIFFER, CAROLYN MRS.
4304 HICKORY SHORES BLVD.
GULF BREEZE, FL 32563 US*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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name STANFORD, SALLY
Address 1200 WILLOWOOD LANE
City-State-Zip: GULF BREEZE FL 32563

Title PE
Name EDER, MARY
Address 4676 SOUNDSIDE DR.
City-State-Zip: GULF BREEZE FL 32563

Title 1VP
Name SHARP, CATHY
Address 1634 KALAKAUA CT
City-State-Zip: GULF BREEZE FL 32563

Title RS
Name SKELTON, DIANE
Address 2936 DUKE DR.
City-State-Zip: GULF BREEZE FL 32563

Title CS
Name SIMCO, SUE
Address 4563 SOUNDSIDE TERRACE
City-State-Zip: GULF BREEZE FL 32563

Title 2 ND VICE PRESIDENT
Name BRENNENSTAHL, MARTHA
Address 1398 STERLING POINT DR.
City-State-Zip: GULF BREEZE FL 32563

Title TREASURER
Name PEHEK, KAREN
Address 1647 COLLEGE PKWY
City-State-Zip: GULF BREEZE FL 32563

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KAREN L, PEHEK**TREASURER****02/23/2017**

Electronic Signature of Signing Officer/Director Detail

Date