

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 740124

**Entity Name:** GFWC SANTA ROSA WOMAN'S CLUB INC.**Current Principal Place of Business:**1398 STERLING POINT DRIVE  
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            BRENNSTAHL, MARTHA  
Address        1398 STERLING POINT DRIVE  
City-State-Zip: GULF BREEZE FL 32563

Title            1VP  
Name            NORTHRUP, SHEREE  
Address        8499 GULF BLVD.  
                  APT. 1506  
City-State-Zip: GULF BREEZE FL 32566

Title            CS  
Name            HADDOCK, BETSYE  
Address        159 LE PORT DRIVE  
City-State-Zip: PENSACOLA BEACH FL 32561

Title            TREASURER  
Name            CAMPBELL, ANNA  
Address        75 NIGHTINGALE LANE  
                  APT. 110  
City-State-Zip: GULF BREEZE FL 32561

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

Title            RS  
Name            JENKINS, ROSE  
Address        109 NANDINA ROAD  
City-State-Zip: GULF BREEZE FL 32561

Title            2 ND VICE PRESIDENT  
Name            SKELTON, DIANE  
Address        2936 DUKE DRIVE  
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: ANNA CAMPBELL****TREASURER****01/15/2015**

Electronic Signature of Signing Officer/Director Detail

Date