

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 90980 045 ****61.25

DOCUMENT # 700372

1. Entity Name

GFWC JUNIOR WOMAN'S CLUB OF PALATKA, INC.

Principal Place of Business

% JOHN ROWE RT 5 BOX 1822
P O BOX 1373
PALATKA FL 32178-8373

Mailing Address

% JOHN ROWE RT 5 BOX 1822
P O BOX 1373
PALATKA FL 32178-8373

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

51-0209964

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

ROWE, JOHN D
HWY 19 AT SEARS PLAZA
RT 5 BOX 1822
PALATKA FL 32077

Name
Rowe, JOHN D.

Street Address (P.O. Box Number is Not Acceptable)
108 SUNSET POINT

City PALATKA FL Zip Code 32177

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.

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME BELLAMY, CHRISTI
STREET ADDRESS 2016 LOCUST
CITY-ST-ZIP PALATKA FL

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

TITLE DT ☐ Delete
NAME HARE, VICKI
STREET ADDRESS RT. 4, BOX 1610
CITY-ST-ZIP PALATKA FL

TITLE DT ☒ Change ☐ Addition
NAME HARE, VICKI
STREET ADDRESS 7043-2 SILVER LAKE DR.
CITY-ST-ZIP PALATKA FL

TITLE D ☐ Delete
NAME COYLE, JANICE
STREET ADDRESS SKEET CLUB ROAD
CITY-ST-ZIP PALATKA FL

TITLE D ☒ Change ☐ Addition
NAME Coyle, Janice
STREET ADDRESS 111 SKEET CLUB RD.
CITY-ST-ZIP PALATKA FL

TITLE D ☐ Delete
NAME ROWE, SHEILA
STREET ADDRESS RT 5 BOX 1822
CITY-ST-ZIP PALATKA FL

TITLE D ☒ Change ☐ Addition
NAME ROWE, SHEILA
STREET ADDRESS 108 SUNSET POINT
CITY-ST-ZIP PALATKA FL 32177

TITLE D ☐ Delete
NAME ARRINGTON, RITA
STREET ADDRESS 310 ST JOHNS AVE
CITY-ST-ZIP PALATKA FL

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

TITLE ☐ Delete
NAME
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 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: *Sheila Rowe* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01

Date

Daytime Phone #

CR2E037 (10/00)