## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT #700372**

1. Entity Name

GFWC JUNIOR WOMAN'S CLUB OF PALATKA, INC.



FILED Apr 25, 2005 08:00 AM Secretary of State

Principal Place of Business

% JOHN ROWE

906 SOUTH STATE ROAD 19 PALATKA, FL 32177 US Mailing Address

% JOHN ROWE

906 SOUTH STATE ROAD 19 PALATKA, FL 32177 US



## DO NOT WRITE IN THIS SPACE

 04022005
 No Chg-NP
 CR2E037 (10/03)

 4. FEI Number
 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROWE, JOHN D 108 SUNSET POINT PALATKA, FL 32177

## DO NOT WRITE IN THIS SPACE

				114	IIIIO OI AOL
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				required when reinstating)	DATE
	Filling Fee is \$61.25 Due by May 1, 2005	Election Campaign Finance     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELLAMY, CHRISTI 2016 LOCUST PALATKA, FL 32177				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HARE, VICKI 7043-2 SILVER LAKE DR PALATKA, FL 32177				
TITLE HAME STREET ADDRESS CITY-ST-ZIP	D COYLE, JANICE 111 SKEET CLUB RD PALATKA, FL 32177			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROWE, SHEILA 108 SUNSET POINT PALATKA, FL 32177			IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARRINGTON, RITA 310 ST JOHNS AVE PALATKA, FL 32177	-			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				·	
12. I hereby certify that the information supplied with this filling 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 cumplemental report is true and accurate and that my signature shall have the same legal effect as if made under path; that I am an officer or director.					

12. I nereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(), ronds 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 orabit; 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 applications, with all other like empowered.

SIGNATURE:

DINATURE AND TYPED OR PRINTED MANE OF SIGNING OFFICER OR DIRECTOR

4/21/25 386

386 329 3690