

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90028 014 ****61.25

DOCUMENT # 700843

1. Entity Name

GFWC WOMAN'S CLUB OF ANNA MARIA ISLAND, INC.

Principal Place of Business

P O BOX 1326
ANNA MARIA FL 34216
US

Mailing Address

616 GLADSTONE LN
HOLMES BEACH FL 34217

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

59-6134336

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

PRATT, FAYE H
616 GLADSTONE LANE
HOLMES BEACH FL 34217

Name

SARAH MALONEY

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

615 FOXWORTH LANE

City

HOLMES BEACH

FL

Zip Code

34217

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

Sarah Maloney

2/3/01

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 PD
NAME ARDOVINO, JUNE
STREET ADDRESS 5920 TODD #B6
CITY-ST-ZIP BRADENTON FL 34207 ☒ Delete

TITLE VPD
NAME GELDERMAN, F
STREET ADDRESS 509 74TH ST
CITY-ST-ZIP HOLMES BCH FL 34217 ☒ Delete

TITLE SD
NAME REED, A
STREET ADDRESS 614 GLADSTONE LN
CITY-ST-ZIP HOLMES BCH FL 34217 ☒ Delete

TITLE CS
NAME LAWTON, E
STREET ADDRESS 611 EMERALD LN
CITY-ST-ZIP HOLMES BCH FL 34217 ☒ Delete

TITLE T
NAME PRATT, FAYE H
STREET ADDRESS 616 GLADSTONE LN
CITY-ST-ZIP HOLMES BEACH FL 34217 ☒ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P.O.
NAME Alice Reed ☐ Change ☐ Addition
STREET ADDRESS 614 Gladstone Ln
CITY-ST-ZIP Holmes Beach, FL 34217

TITLE 1st V.P.
NAME Precilla Seemall ☐ Change ☐ Addition
STREET ADDRESS 620 Emerald Lane
CITY-ST-ZIP Holmes Beach, FL 34217

TITLE 2nd V.P.
NAME Ernestine Lawton ☐ Change ☐ Addition
STREET ADDRESS 611 Emerald Lane
CITY-ST-ZIP Holmes Beach 34217

TITLE S.D.
NAME Carol Zindolky ☐ Change ☐ Addition
STREET ADDRESS 516 Key Royal Dr.
CITY-ST-ZIP Holmes Beach 34217

TITLE C.S.
NAME Janet Clark ☐ Change ☐ Addition
STREET ADDRESS 505-83 rd st
CITY-ST-ZIP Holmes Beach 34217

TITLE T.
NAME Sarah Maloney ☐ Change ☐ Addition
STREET ADDRESS 615 Foxworth Lane
CITY-ST-ZIP Holmes Beach 34217

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sarah Maloney

2/3/01

Date

Daytime Phone #

CR2E037 (10/00)