2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State
01-23-2004 90044 028 ****61.25

DOCUMENT # 701085

1. Entity Name
THE GAINESVILLE WOMAN'S CLUB, INC.

Principal Place of Business	Mailing Address
2809 WEST UNIVERSITY AVE. GAINESVILLE, FL 32607	2809 WEST UNIVERSITY AVE. GAINESVILLE, FL 32607

01092004 Chg-NP CR2E037 (10/03)

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 59-0799924 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GALM, KAY
5711 SW 36TH WAY
GAINESVILLE, FL 32608

7. Name and Address of New Registered Agent

Name Sandra Arnold
Street Address (P.O. Box Number is Not Acceptable)
3420 SW 100th Street
City Gainesville FL Zip Code 32608

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 Sandra E Arnold Sandra E. Arnold, President 1-22-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GALM, KAY 5711 SW 36TH WAY GAINESVILLE, FL 32608	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Arnold, Sandra 3420 SW 100th St. Gainesville, FL. 32608	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SCHOLEFIELD, MARGE 4138 NW 33RD PLACE GAINESVILLE, FL 32606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SINGER, BEVERLY 6305 NW 56TH LANE GAINESVILLE, FL 32653	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Peter Karin 2127 SW 122nd St. Gainesville, FL. 32607	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP PARHAM, ELLEN 4610 NW 30TH TERRACE GAINESVILLE, FL 32605	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ARNOLD, SANDRA 3420 SW 100TH ST GAINESVILLE, FL 32608	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Brown, Sarah 7915 SW 42nd Terrace Gainesville, FL 32608	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ALLEN, SIBYL 4731 NW 13TH AVE GAINESVILLE, FL 32605	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Marge Scholefield Marge Scholefield (352) 373-8856
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #