2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State
05-03-2005 90168 026 ****61.25

DOCUMENT # 701085

1. Entity Name

GFWC 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

1st MOORE CR2E037 (10/04)

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

ARNOLD, SANDRA
3420 SW 100TH STREET
GAINESVILLE FL 32608

7. Name and Address of New Registered Agent

Name: Parham, Ellen
Street Address (P.O. Box Number is Not Acceptable): 4610 NW 30th Terrace
City: Gainesville FL Zip Code: 32605

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2005

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 ARNOLD, SANDRA 3420 SW 100TH ST. GAINESVILLE FL 32608	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Parham, Ellen 4610 NW 30th Terrace Gainesville, FL 32605	☒ 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	TD ~~Joan L.~~ Van Winkle, Joan L. 3969 N.W 27th Lane Gainesville, FL 32606	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD JETER, KARVIN 2127 SW 122ND ST GAINESVILLE FL 32607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Billings, Peggy 5108 SW 88th Terrace Gainesville, FL 32608	☐ 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 BROWN, SARAH 7915 SW 42ND TERRACE GAINESVILLE FL 32608	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: Ellen L. Parham ELLEN L. PARHAM 3-16-05 375-6367
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #