

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90282 030 ****61.25

DOCUMENT # 701085

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



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

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

4. FEI Number **59-0799924** Applied For: Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GALM, KAY
5711 SW 36TH WAY
GAINESVILLE FL 32608

Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: _____ FL Zip Code: _____

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: *Kay Galm* **KAY GALM PRESIDENT** 1/10/03
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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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TITLE: PD NAME: GALM, KAY STREET ADDRESS: 5711 SW 36TH WAY CITY-ST-ZIP: GAINESVILLE FL 32608	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: SCHOLEFIELD, MARGE STREET ADDRESS: 4138 NW 33RD PLACE CITY-ST-ZIP: GAINESVILLE FL 32606	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD NAME: SINGER, BEVERLY STREET ADDRESS: 6305 NW 56TH LANE CITY-ST-ZIP: GAINESVILLE FL 32653	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: PARHAM, ELLEN STREET ADDRESS: 4610 NW 30TH TERRACE CITY-ST-ZIP: GAINESVILLE FL 32605	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: HEASTON, LUCY STREET ADDRESS: 10544 NW 13TH LANE CITY-ST-ZIP: GAINESVILLE FL 32606	<input checked="" type="checkbox"/> Delete	TITLE: VP NAME: Sandra Arnold STREET ADDRESS: 3420 SW 100th St. CITY-ST-ZIP: Gainesville, FL 32608	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: SLACK, MARILYN STREET ADDRESS: 9015 SW 61ST AVENUE CITY-ST-ZIP: GAINESVILLE FL 32608	<input checked="" type="checkbox"/> Delete	TITLE: VP NAME: Sibyl Allen STREET ADDRESS: 4730 NW 13th Ave. CITY-ST-ZIP: Gainesville, FL 32605	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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** 1/10/03 352-373-8856

CR2E037 (10/02)