2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2000 8:00 am
Secretary of State
02-04-2000 90022 049 ****61.25

DOCUMENT # 702136

1. Entity Name

GFWC - OVIEDO WOMAN'S CLUB INCORPORATED

Principal Place of Business	Mailing Address
414 KINGS STREET P.O. BOX 620522 OVIEDO FL 32762-0522 US	414 KINGS STREET P.O. BOX 620522 OVIEDO FL 32762-0522 US

DO NOT WRITE IN THIS SPACE

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 59-6152458 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PARTIN, MARGUERITE
670 PALM DRIVE
P.O. BOX 20266
OVIEDO FL 32762-0266

7. Name and Address of New Registered Agent

Name: M. Louise Martin
Street Address (P.O. Box Number is Not Acceptable): 736 Andover Circle
City: Winter Springs **FL** Zip Code: 32708

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: M. Louise Martin — 1/29/00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P FOLEY, JANET 268 MAPLE COURT OVIEDO FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P. Stacy Carden 1745 Olde River Trail Chuluota, Fl. 32766 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PE CARDEN, STACY 1745 OLDE RIVER TRAIL CHULUCTA FL 32766	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Assist.T. Nancy Gill 1112 Groveland Dr. Chuluota, Fl. 32766 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SPRATT, BETTIE P 346 MEAD DR OVIEDO FL 32765	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T. Udell F. Holmes 100 W. Beasley Rd. Oviedo, Fl. 32765 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KANIOTRAS, SANDRA 605 E CHAPMAN RD OVIEDO FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Trustee Louise Martin 736 Andover Circle Winter Springs, Fl. 32708 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PARTIN, MARGUERITE 670 PALM DRIVE OVIEDO, FL 00000	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SHAFFER, BARBARA 6035 LAKE CHARM CIR OVIEDO FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

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 Udell F. Holmes 1/29/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #