2000 UNIFORM BUSINESS REPORT (UBR).

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED Feb 04, 2000 8:00 am Secretary of State DOCUMENT # **702136** 1. Entity Name GFWC - OVIEDO WOMAN'S CLUB INCORPORATED 02-04-2000 90022 049 ****61.25 Principal Place of Business Mailing Address 414 KINGS STREET 414 KINGS STREET P.O. BOX 620522 P.O. BOX 620522 4 0 0 0 0 0 4 OVIEDO FL 32762-0522 OVIEDO FL 32762-0522 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-6152458 Not Applicable Country \$8.75 Additional Zip Country П 5. Certificate of Status Desired Fee Required ---- 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARTIN 15e Street Address (P.O. Box Number is Not Acceptable) PARTIN, MARGUERITE 670 PALM DRIVE P.O. BOX 20266 Zip Code City OVIEDO FL 32762-0266 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. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. ☐ Addition Change TITLE TITLE Delete NAME NAME FOLEY, JANET 1745 Olde River Trail STREET ADDRESS 268 MAPLE COURT STREET ADDRESS CITY-ST-ZIP Chulu ota, Fl, 32766 CITY-ST-ZIP OVIEDO FL Assist.T. Delete TITLE TITLE PE Nancy G: 11 NAME NAME CARDEN, STACY 1112 Grove kind Dr. Chulwota, Fl. 3276 STREET ADDRESS STREET ADDRESS 1745 OLDE RIVER TRAIL CITY-ST-ZIP CITY-ST-ZIP CHULUCTA FL 32766 **Addition** 🔀 Delete TITLE TITLE udell F. Holmas NAME SPRATT, BETTIE P NAME 100 W. Beasley Rd STREET ADDRESS STREET ADDRESS 346 MEAD DR CITY-ST-ZIP CITY-ST-ZIP OVIEDO FL 32765 Oviedo, Fl TITLE TITLE ☐ Delete KANIÕTRAS, SANDRA NAME NAME owise Martin STREET ADDRESS STREET ADDRESS 605 E CHAPMAN RD 136 Andover Circ CITY-ST-ZIP CITY-ST-ZIP OVIEDO FL Delete TITLE PARTIN, MARGUERITE MAME NAME STREET ADDRESS STREET ADDRESS **670 PALM DRIVE** CITY-ST-7IP CITY-ST-ZIP OVIEDO, FL 00000 ☐ Addition Change. Delete TITLE SHAFFER, BARBARA NAME NAME STREET ADDRESS STREET ADDRESS 6035 LAKE CHARM CIR CITY-ST-ZIP CITY-ST-ZIP OVIEDO FL 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