DOCUMENT # 702136

Country

6. Name and Address of Current Registered Agent

1. Entity Name

Zip

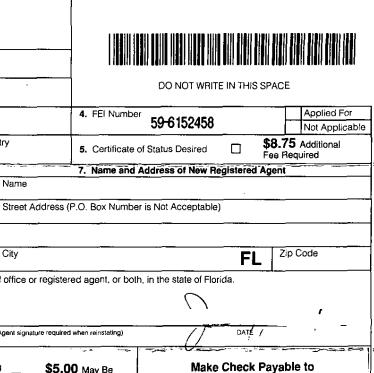
MARTIN, LOUISE M ... 736 ANDOVER CIRCLE WINTER SPRINGS FL 32708

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	
2. Principal Place of Business	3. Mailing Address	-
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

Zip

FILED Feb 02, 2001 8:00 am Secretary of State

02-02-2001 90267 042 ****61.25



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.								
SIGNATUR À .	Č,							
Stignature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE / '								
FILE NOW: 9. Election Campaign F FEE IS \$61,25 Trust Fund Contributi			\$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 Carden, Stacy 1745 Olde River Trail Oviedo fl 32766	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change,	Addition		
TITLE NAME -STREET ADDRESS CITY-ST-ZIP	AT GILL, NANCY _1112 GROVE LAND DR CHULUCTA FL 32766	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOLMES, UDELL F 100 W. BEASLEY RD OVIEDO FL 32765	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASUREY JOYCE SCHOOL 2470 MIKLEY OVIEDO FL	Change Road 32765	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	t Kaniotras, Sandra 605 e Chapman RD Oviedo fl	⊠ Deleta	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARTIN, LOUISE 736 ANDOVER CIRCLE WINTER SPRINGS FL 32708	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition		
NAME STREET ADDRESS CITY-ST-ZIP	T SHAFFER, BARBARA 6035 LAKE CHARM CIR OVIEDO FL sertify that the information supplied wi	Delete th this filing does not qualify for th	TITLE NAME STREET ADDRESS CITY-ST-ZIP e exemption sta	red in Section 119.07(3)(i) Fig	☐ Change	Addition		

Country

City

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:

366 1366