

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 25, 2002 8:00 am  
Secretary of State

02-25-2002 90058 049 \*\*\*\*61.25

DOCUMENT # 702136

1. Entity Name

GFWC - OVIEDO WOMAN'S CLUB INCORPORATED

Principal Place of Business

414 KINGS STREET  
P.O. BOX 620522  
OVIEDO FL 32762-0522  
US

Mailing Address

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

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

MARTIN, LOUISE M  
736 ANDOVER CIRCLE  
WINTER SPRINGS FL 32708

7. Name and Address of New Registered Agent

Name Kanistras, Sandra  
Street Address (P.O. Box Number is Not Acceptable)  
605 E. Chapman Rd  
City oviedo FL Zip Code 32765

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 Sandra Kanistras

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

TITLE P ☒ Delete  
NAME CARDEN, STACY  
STREET ADDRESS 1745 OLDE RIVER TRAIL  
CITY-ST-ZIP OVIEDO FL 32766

TITLE AT ☐ Delete  
NAME GILL, NANCY  
STREET ADDRESS 1112 GROVE LAND DR.  
CITY-ST-ZIP CHULUCTA FL 32766

TITLE T ☒ Delete  
NAME SCHOENING, JOYCE  
STREET ADDRESS 2470 MIKLER RD  
CITY-ST-ZIP OVIEDO FL 327655

TITLE T ☒ Delete  
NAME MARTIN, LOUISE  
STREET ADDRESS 736 ANDOVER CIRCLE  
CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE President ☐ Change ☒ Addition  
NAME WITTY, Susan  
STREET ADDRESS 2345 Westminster Terrace  
CITY-ST-ZIP oviedo, FL 32765

TITLE Treasurer ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Asst. Treasurer ☐ Change ☒ Addition  
NAME payton, Mary  
STREET ADDRESS 346 Moffat Loop  
CITY-ST-ZIP oviedo FL 32765

TITLE Trustee ☐ Change ☒ Addition  
NAME Kanistras, Sandra  
STREET ADDRESS 605 E. Chapman Rd  
CITY-ST-ZIP oviedo, FL 32765

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

Nancy L. Gill  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-7-02 407-365-5793

CR2E037 (9/01)