

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90272 004 ****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

7. Name and Address of New Registered Agent

**KANISTRAS, SANDRA
605 E CHAPMAN ROAD
OVIEDO FL 32765**

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

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
Due By May 1, 2004**

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

TITLE **P** ☐ Delete
NAME **SIMMONS, MARGIE**
STREET ADDRESS **1004 SHINNECKOCK HILLS DR**
CITY-ST-ZIP **OVIEDO FL 32765**

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

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

TITLE **AT** ☒ Change ☐ Addition
NAME **RUTH GAINES**
STREET ADDRESS **702 S. OAK AVE.**
CITY-ST-ZIP **SANFORD, FL 32771**

TITLE **AT** ☒ Delete
NAME **PAYTON, MARY**
STREET ADDRESS **346 MOFFAT LOOP**
CITY-ST-ZIP **OVIEDO FL 32765**

TITLE **AT** ☒ Change ☐ Addition
NAME **SHARON POWERS**
STREET ADDRESS **506 MEAD DRIVE**
CITY-ST-ZIP **OVIEDO, FL 32765**

TITLE **T** ☐ Delete
NAME **KANISTRAS, SANDRA**
STREET ADDRESS **605 E CHAPMAN ROAD**
CITY-ST-ZIP **OVIEDO FL 32765**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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: RUTH GAINES, TREASURER

Ruth Gaines

4/26/2004

407-323-0253

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #