FILED

## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## Jan 24, 2003 8:00 am **Secretary of State** DOCUMENT # 702136 01-24-2003 90076 029 \*\*\*\*61.25 1. Entity Name GFWC - OVIEDO WOMAN'S CLUB INCORPORATED Principal Place of Business Mailing Address 414 KINGS STREET 414 KINGS STREET P.O. BOX 620522 P.O. BOX 620522 OVIEDO FL 32762-0522 OVIEDO FL 32762-0522 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 59-6152458 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6 Name and Address of Current Registered Agent KANISTRAS, SANDRA Street Address (P.O. Box Number is Not Acceptable) 605 E CHAPMAN ROAD **OVIEDO FL 32765** Zip Code City 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 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. President - Change (10/02)Delete TITLE Addition TITLE mons margie Hills Drive WITTY, SUSAN NAME NAME 2345 WESTMINSTER TERRACE STREET ADDRESS STREET ADDRESS CR2E037 CITY-ST-ZIP OVIEDO FL 32765 CITY-ST-7IP oviedo, FL 32765 TITI F ☐ Delete TITLE Change ☐ Addition GILL, NANCY NAME NAME STREET ADDRESS 1112 GROVE LAND DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHULUCTA FL 32766 TITLE . Delete TITLE - - Change PAYTON, MARY NAME NAME STREET ADDRESS 346 MOFFAT LOOP STREET ADDRESS CITY-ST-ZIP **OVIEDO FL 32765** CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE KANISTRAS, SANDRA NAME NAME **605 E CHAPMAN ROAD** STREET ADDRESS STREET ADDRESS CITY-ST-ZIE OVIEDO FL 32765 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Dancy L. Gill