

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90073 009 ****61.25

DOCUMENT # 703312

1. Entity Name

WILLISTON JUNIOR WOMAN'S CLUB, INC.

Principal Place of Business

Mailing Address

623 N.E. 2ND AVE.
 WILLISTON FL 32696

P.O. BOX 416
 WILLISTON FL 32696-0416

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0837907

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PHILLIPS, LONNIE
2851 NE 165TH TERR
WILLISTON FL 32696

Name **Denise Fowler**

Street Address (P.O. Box Number is Not Acceptable)

115 SE 5th AVE

City **Williston**

FL

Zip Code **32696**

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

Denise Fowler

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

5-1-00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PHILLIPS, LONNIE	
STREET ADDRESS	2851 NE 165TH TERR	
CITY-ST-ZIP	WILLISTON FL 32696	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	FOWLER, DENISE	
STREET ADDRESS	115 SE 5TH AVE	
CITY-ST-ZIP	WILLISTON FL 32696	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MELTON, SHEILA	
STREET ADDRESS	612 NE 10TH BLVD	
CITY-ST-ZIP	WILLISTON FL 32696	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	PETTEWAY, BRANDY	
STREET ADDRESS	2891 NE 167TH AVE	
CITY-ST-ZIP	WILLISTON FL 32696	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	STULL, JENNIFER	
STREET ADDRESS	3750 NE 170TH AVE	
CITY-ST-ZIP	WILLISTON FL 32696	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	STULL, JENNIFER	
STREET ADDRESS	5005 NE 153RD AVE	
CITY-ST-ZIP	WILLISTON FL 32696	

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Denise Fowler	
STREET ADDRESS	115 SE 5th AVE	
CITY-ST-ZIP	Williston, FL 32696	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dara Bergdoll	
STREET ADDRESS	16851 NE 75th St	
CITY-ST-ZIP	Williston FL 32696	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lisa Lindsey	
STREET ADDRESS	30 SE 144th Ave	
CITY-ST-ZIP	Williston FL 32696	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Catrina Sistrunk	
STREET ADDRESS	628 SW 7th Ave	
CITY-ST-ZIP	Williston FL 32696	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Angie Emrick	
STREET ADDRESS	15950 NE 55th St	
CITY-ST-ZIP	Williston FL 32696	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Julie Thorrington	
STREET ADDRESS	530 NW 2nd Ave	
CITY-ST-ZIP	Williston FL 32696	

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:

Denise Fowler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-00

DATE

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE