2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 703666

FILED
May 16, 2000 8:00 am
Secretary of State
05-16-2000 90024 020 ****61.25

1. Entity Name

GFWC ORLANDO JUNIOR WOMAN'S CLUB, INC.

Principal Place of Business	Mailing Address
PHILANTHROPIC FUND INC 992 STONEWOOD LANE MAITLAND FL 32751	P.O. BOX 560251 ORLANDO FLA 32856-0251 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
c/o 6131 West Gate Dr.	P.O. Box 560554
Suite, Apt. #, etc.: #1102	Suite, Apt. #, etc.:
City & State: Orlando, FL	City & State: ORLANDO, FL.
Zip: 32835 Country:	Zip: 32856-0554 Country: US

4. FEI Number: NOT APPLICABLE ☐ 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
MUROWSKI, MICHELLE M 4924 HOOK HOLLOW CIRCLE ORLANDO FL 32837	Name: Stephanie Storey Street Address (P.O. Box Number is Not Acceptable): 6131 West Gate Dr. #1102 City: Orlando FL Zip Code: 32835

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: Stephanie Storey 4/28/00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD NIELSON, BEVEERLEY 239 DEMPSEY WAY ORLANDO FL 32835	☑ Delete eff. 5/31/00	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD STEPHANIE STOREY 6131 West Gate Dr. #1102 Orlando, FL 32835	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V STOREY, STEPHANIE 6131 WEST GATE DR., #1102 ORLANDO FL 32835	☑ Delete eff. immediately	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Jan Perley 5301 Lazy Oaks Land Orlando, FL 32839	☐ Change ☒ Addition eff. 5/31/00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MUROWSKI, MICHELLE M 4924 HOOK HOLLOW CIR ORLANDO FL 32837	☑ Delete eff. immediately	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Christi Blake 5327 Hawford Cr. Orlando, FL 32812	☐ Change ☒ Addition eff. 5/31/00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ATD NIELSEN, BEVERLY 239 DEMPSEY WAY ORLANDO FL 32835	☑ Delete eff. immediately	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ATD Kris Nystrom 6413 Conroy Road. #1412 Orlando, FL 32835	☐ Change ☒ Addition eff 5/31/00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ATD DEVOR, MARCIA 4580 LAKE HELDON HILLS ORLANDO FL 32839	☑ Delete eff. 5/31/00	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: Marcia Devor E. MARCIA DEVOR 4/27/00 407-859-7954
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #