

707169

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

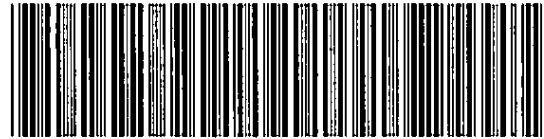
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600374926616

10/15/21--01014--017 \*\*35.00

2021 OCT 15 PM 6:50

O SIMMONS  
OCT 29 2021

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** GFWC Sun City Center Womans Club, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** 707169

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Deanna Fleming St. John

Name of Contact Person

GFWC Sun City Center Womans Club, Inc.

Firm/Company

2233 Brookfield Greens Cir

Address

Sun City Center, FL 33573

City/State and Zip Code

sccwomansclubtreasurer@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Deanna Fleming St. John

Name of Contact Person

at

(813

) 331-3746

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: GFWC Sun City Center Womans Club, Inc
2. The principal office address: 2233 Brookfield Greens Cir  
Sun City Center, FL 33573
3. The mailing address (if different): PO Box 5434, Sun City Center FL 33573
4. Date of incorporation/qualification: 4/20/1964 Document number: 707169
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

James P Hines Jr

315 S Hyde Park Ave

Tampa FL 33606

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Virginia Kimball

1513 N Pebble Beach Blvd

P.O. Box NOT acceptable

Sun City Center FL 33573

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Deanna Fleming St John  
Signature of an officer or director

Deanna Fleming St. John  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Virginia P. Kimball  
Signature of Registered Agent

10-7-2021  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (04/13)