

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90079 027 ****61.25

DOCUMENT # 707191

1. Entity Name
GFWC TEMPLE TERRACE JUNIOR WOMAN'S CLUB, INC.



Principal Place of Business
415 WOODMONT AVE
TEMPLE TERRACE, FL 33617 US

Mailing Address
PO BOX 16206
TEMPLE TERRACE, FL 33687 US

DO NOT WRITE IN THIS SPACE



01062007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-1055074

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FERNANDEZ, ALISON Penoyer, Jennifer
6601 HEATHERTON COURT 11006 Saginaw Dr
TEMPLE TERRACE, FL 33617 Temple Terrace, FL 33617

**DO NOT WRITE
IN THIS SPACE**

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, typing printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/8/07
DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	FUBBS, KARA
STREET ADDRESS	516 TERRACE HILL DR
CITY-ST-ZIP	TAMPA, FL 33617
TITLE	PD
NAME	FERNANDEZ, ALISON Werner, Lynn
STREET ADDRESS	6601 HEATHERTON DR 404 Glen Ridge Ave
CITY-ST-ZIP	TEMPLE TERRACE, FL 33617 Temple Terrace, FL 33617
TITLE	VD
NAME	DEVANE, MINDY Baker, Debbie
STREET ADDRESS	6308 JACQUELINE ARBOR DR. 7809 E. 113th St
CITY-ST-ZIP	TAMPA, FL 33617 Temple Terrace, FL 33617
TITLE	VD
NAME	LONG, ANITA Morris, Ruth
STREET ADDRESS	7601 LEON AVE 318 Bahamas Ave
CITY-ST-ZIP	TAMPA, FL 33617 Temple Terrace, FL 33617
TITLE	TD
NAME	WERNER, LYNN Penoyer, Jennifer
STREET ADDRESS	404 GLEN RIDGE AVENUE 11006 Saginaw Dr
CITY-ST-ZIP	TEMPLE TERRACE, FL 33617 Temple Terrace, FL 33617
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jennifer Penoyer 4/12/07 (813) 980-2033