

DOCUMENT # 711442

1. Entity Name

GWFC CHARLOTTE COUNTY JUNIORS, INC.**FILED**
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90079 014 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

P.O. BOX 2842
PORT CHARLOTTE FL 33949-2842P.O. BOX 2842
PORT CHARLOTTE FL 33949-2842

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

71-4421806

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

POWERS, SUSAN D
5475 GROVEWOOD CR
PUNTA GORDA FL 33982

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. 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 **SD** ☐ Delete
NAME **THORNBURGH, SANDRA**
STREET ADDRESS **1307 ONYX ST**
CITY-ST-ZIP **PORT CHARLOTTE FL 33980**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VD** ☐ Delete
NAME **MORARIS, DENISE**
STREET ADDRESS **806 ELLICOTT CIRCLE**
CITY-ST-ZIP **PORT CHARLOTTE FL 33952**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VD** ☐ Delete
NAME **POWERS, SUSAN**
STREET ADDRESS **1307 ONYX ST**
CITY-ST-ZIP **PUNTA GORDA FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **STD** ☒ Delete
NAME **BUTWELL, BRENDA**
STREET ADDRESS **3415 GROVEWOOD CIRCLE**
CITY-ST-ZIP **PUNTA GORDA FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Susan Powers*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-2000

Date

941-575-7168

Daytime Phone #

CR2E037 (9/99)