

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90029 017 ****61.25

DOCUMENT # 711757

1. Entity Name

G.F.W.C. PENSACOLA, INC.



Principal Place of Business

PENSACOLA JUNIOR COLLEGE
STUDENT CENTER, BLDG 5, RM 509
PENSACOLA FL
US

Mailing Address

POST OFFICE BOX 11703
PENSACOLA FL 32524

2. Principal Place of Business

226 S. Palafox Place

3. Mailing Address

Same

Suite, Apt. #, etc.
Ste. 300

Suite, Apt. #, etc.

City & State
Pensacola FL

City & State

Zip
32502

Country
ESC

Zip

Country

4. FEI Number

51-0175946

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CODDINGTON, LESLIE
5604 SCOTLAND TERRACE
PENSACOLA FL 32526

7. Name and Address of New Registered Agent

Name Stephany Aift
Street Address (P.O. Box Number is Not Acceptable)
1812 Magnolia Ave
City Pensacola FL Zip Code 32503

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, 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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PURVIS, JUDY	
STREET ADDRESS	835 FLEMING CT	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CRAWFORD, PAT	
STREET ADDRESS	1236 TAMARA DR	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	1V	<input checked="" type="checkbox"/> Delete
NAME	KOBYRN, NANCIE	
STREET ADDRESS	5103 YESTEROAKS PL	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CODDINGTON, LESLIE	
STREET ADDRESS	5604 SCOTLAND TERRACE	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE	2VD	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, MARY	
STREET ADDRESS	3320 TOMPKINS STREET	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	3VD	<input checked="" type="checkbox"/> Delete
NAME	NALLEY, GENNI	
STREET ADDRESS	3580 RIDDICK DR	
CITY-ST-ZIP	PENSACOLA FL 32504	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kobryn, Nancie	
STREET ADDRESS	5103 Yesteroaks PL	
CITY-ST-ZIP	Pensacola, FL 32504	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Crawford, Haley	
STREET ADDRESS	1421 N. 12th Ave	
CITY-ST-ZIP	Pensacola, FL 32503	
TITLE	1V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Williams, Mary	
STREET ADDRESS	3320 Tompkins St	
CITY-ST-ZIP	Pensacola, FL 32504	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Aift, Stephany	
STREET ADDRESS	1812 Magnolia Ave	
CITY-ST-ZIP	Pensacola, FL 32503	
TITLE	2VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rappa, Adriana	
STREET ADDRESS	277 Plantation Hill Rd	
CITY-ST-ZIP	Gulf Breeze, FL 32561	
TITLE	3VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Purvis, Judy	
STREET ADDRESS	835 Fleming Court	
CITY-ST-ZIP	Pensacola, FL 32514	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Stephany G. Aift 4/14/04 8504348214