

# FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # 716561

(6)

95 FEB 23 PM 3: 29

1. Corporation Name

GFWC-JUNIOR WOMAN'S CLUB OF LIVE OAK, FLORIDA, I NC.

Principal Place of Business

Mailing Address

NEWBORN ROAD  
P.O. BOX 103  
LIVE OAK FL 32060

NEWBORN ROAD  
P.O. BOX 103  
LIVE OAK FL 32060

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

06/15/1989

03/04/1994

4. FEI Number

Applied For

59-6202275

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status

☐

\$68.75 Supplemental  
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DYKES, DIANE W  
1833 INGLESIDE DR  
LIVE OAK FL 32060

81 Name

Brewer, Cassie

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

Rt. 6, Box 100C

83

84 City

Live Oak

FL

85 Zip Code

32060

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Cassie Brewer

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

(NOTE: Registered Agent signature required when replacing)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

TD

NAME

MARTIN, DENISE

STREET ADDRESS

209 MARYMAC ST

CITY - ST - ZIP

LIVE OAK FL

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

TD

Cheshire, Joan

Rt 6, Box 647

Live Oak, FL 32060

☒ Change ☐ Addition

TITLE

PD

NAME

KYKES, DIANE W

STREET ADDRESS

1833 INGLESIDE DRIVE

CITY - ST - ZIP

LIVE OAK FL

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

V-1D

Pittman, Cindy

Rt 1, Box 1035

Live Oak, FL 32060

☒ Change ☐ Addition

TITLE

VD

NAME

PITTMAN, CINDY

STREET ADDRESS

RT 1 BOX 1035

CITY - ST - ZIP

LIVE OAK FL

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

PD

Brewer, Cassie

Rt 6, Box 100C

Live Oak, FL 32060

☒ Change ☐ Addition

TITLE

RCSO

NAME

ALLEN, FRANKIE

STREET ADDRESS

RT 8 BOX 13 N/A

CITY - ST - ZIP

LIVE OAK FL

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

V-2D

Jenkins, Tresca

Rt 1, Box 429

Live Oak, FL 32060

☒ Change ☐ Addition

TITLE

VD

NAME

BREWER, CASSIE

STREET ADDRESS

RT 6 BOX 100-C

CITY - ST - ZIP

LIVE OAK FL

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

S-CD

Driver, Natalie

Rt 5, Box 107

Live Oak, FL 32060

☒ Change ☐ Addition

TITLE

S-RD

NAME

Jenkins, Tesha

STREET ADDRESS

Rt 1, Box 429

CITY - ST - ZIP

Live Oak, FL 32060

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

S-RD

Jenkins, Tesha

Rt 1, Box 429

Live Oak, FL 32060

☐ Change ☒ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Cassie Brewer

Cassie Brewer, Pres 904-294-2335

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Typed Name)