


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 04, 2005 8:00 am**  
**Secretary of State**

03-04-2005 90074 044 \*\*\*\*61.25

<b>DOCUMENT # 716561</b> 1. Entity Name <b>GFWC-SUWANNEE RIVER WOMAN'S CLUB, INC.</b>					
Principal Place of Business <b>P. O. BOX 1001 LIVE OAK, FL 32064</b>			Mailing Address <b>P. O. BOX 1001 LIVE OAK, FL 32064</b>		
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 <b>59-6202275</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>THOMPSON, HEATHER 10130 92ND TERR LIVE OAK, FL 32060</b>				7. Name and Address of Now Registered Agent  <b>Shannon Buzbee 11057 111th Rd LIVE OAK FL 32060</b>	
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 <u>Heather Thompson</u> <span style="float: right;">3/1/05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MUSGROVE, TORI 611 PINE AVE SW LIVE OAK, FL 32064	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BRANTLEY, TRACY 8258 COUNTY ROAD 137 WELLBORN, FL 32094	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD Slimp, Megan 851 Marymac ST SW Live Oak, FL 32064
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD TRAYDON, AMY 21919 84TH TERRACE LIVE OAK, FL 32060	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T THOMPSON, HEATHER 10130 92ND TERRACE LIVE OAK, FL 32060	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Buzbee, Shannon 11057 111th Rd Live Oak, FL 32060
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SLIMP, MEGAN 851 MARYMAC ST SW LIVE OAK, FL 32064	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SAAVEDRA, JULIE 14127 COUNTY ROAD 252 LIVE OAK, FL 32060	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Shannon Buzbee</u> <span style="float: right;">3-1-05</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					