

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

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90026 038 ****61.25

DOCUMENT # 717959

1. Entity Name

GFWC GAINESVILLE JUNIOR WOMAN'S CLUB, INC.



Principal Place of Business

P.O. BOX 357656
GAINESVILLE FL 32635

Mailing Address

PO BOX 357656
GAINESVILLE FL 32635

07000100

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

23-7253593

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

MIRONACK, JEANNENE
4817 NW 37TH PL
GAINESVILLE FL 32606

Name

Mironack, Jeannene

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

2425 NW 35th Terrace

City

Gainesville

FL

Zip Code

32605

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	2	<input checked="" type="checkbox"/> Delete
NAME	EHLERS, KAREN	
STREET ADDRESS	2105 NW 27TH TERRACE	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	WALTRIP, BETH	
STREET ADDRESS	339 NW 50TH BLVD	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BRADICKSON, KIM	
STREET ADDRESS	1515 NW 39TH DRIVE	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	B	<input checked="" type="checkbox"/> Delete
NAME	TAGGART, SUZANNE	
STREET ADDRESS	5406 SW 77TH TERRACE	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	1VPD	<input type="checkbox"/> Delete
NAME	CARRELL, STEPHANIE	
STREET ADDRESS	5122 NW 34TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KALB, STEPHANIE	
STREET ADDRESS	8604 SW 66TH LANE	
CITY-ST-ZIP	GAINESVILLE FL 32608	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Beth Waltrip	
STREET ADDRESS	339 NW 50th Blvd	
CITY-ST-ZIP	Gainesville FL 32607	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carrell, Vivian	
STREET ADDRESS	5122 NW 34th Place	
CITY-ST-ZIP	Gainesville, FL 32606	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Beth Waltrip

Beth Waltrip

4/12/04

352-392-1655

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #