

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91796 012 ****61.25

DOCUMENT # 717959

1. Entity Name

GFWC GAINESVILLE JUNIOR WOMAN'S CLUB, INC.



Principal Place of Business

P.O. BOX 140777
GAINESVILLE FL 32614-0777

Mailing Address

P.O. BOX 140777
GAINESVILLE FL 32614-0777

2. Principal Place of Business

P.O. Box 357656

3. Mailing Address

P.O. Box 357656

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gainesville, FL

City & State

Gainesville, FL

Zip

32635

Country

USA

Zip

32635

Country

USA

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

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. 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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VPD** ☒ Delete
NAME **AVHALT, JENNIFER**
STREET ADDRESS **1322 N.W. 49 TERRACE**
CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE **VPD** ☐ Change ☒ Addition
NAME **Karen Ehlers**
STREET ADDRESS **2105 NW 27th Terrace**
CITY-ST-ZIP **Gainesville FL 32605**

TITLE **VPD** ☒ Delete
NAME **JASZCZAK, ERIN**
STREET ADDRESS **3011 N.W. 10TH PLACE**
CITY-ST-ZIP **GAINESVILLE FL 32605**

TITLE **TD** ☐ Change ☒ Addition
NAME **Beck Wattrip**
STREET ADDRESS **339 NW 50th Blvd**
CITY-ST-ZIP **Gainesville FL 32607**

TITLE **PD** ☒ Delete
NAME **JENA, CARPENTA**
STREET ADDRESS **2358 S.W. 14TH DRIVE**
CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE **SD** ☐ Change ☒ Addition
NAME **Kim Bendickson**
STREET ADDRESS **1515 NW 34th Drive**
CITY-ST-ZIP **Gainesville FL 32605**

TITLE **TD** ☒ Delete
NAME **TROIANO, KATHIE**
STREET ADDRESS **4802 S.W. 85TH AVENUE**
CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE **BMD** ☐ Change ☒ Addition
NAME **Suzanne Taggart**
STREET ADDRESS **5406 SW 77th Terrace**
CITY-ST-ZIP **Gainesville FL 32608**

TITLE **SD** ☐ Delete
NAME **CARRELL, VIVIAN**
STREET ADDRESS **5122 N.W. 34TH PLACE**
CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE **VPD** ☒ Change ☐ Addition
NAME **Carrell, Vivian**
STREET ADDRESS **5122 NW 34th Place**
CITY-ST-ZIP **Gainesville FL 32606**

TITLE **BMD** ☐ Delete
NAME **KALB, STEPHANIE**
STREET ADDRESS **8814 N.E. 35TH PLACE**
CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE **PD** ☒ Change ☐ Addition
NAME **Kalb, Stephanie**
STREET ADDRESS **8604 SW 60th Lane**
CITY-ST-ZIP **32608**

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 REQUIRED
Beck Wattrip
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03
Date

352-342-1655
Daytime Phone #

CR2E037 (10/02)