

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

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90143 043 ****61.25

DOCUMENT # 723177

1. Entity Name

GFWC-CLEARWATER COMMUNITY WOMAN'S CLUB, INC.



Principal Place of Business

Mailing Address

**400 PONCE DE LEON BLVD
CLEARWATER FL 33756
US**

**PO BOX 6074
CLEARWATER FL 33758-6074
US**

60013558



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

2405 FRANCISCAN DR

3. Mailing Address

Suite, Apt. #, etc.

49

Suite, Apt. #, etc.

City & State

CLEARWATER FL

City & State

4. FEI Number **23-7241338**

Applied For

Not Applicable

Zip

33763

Country

USA

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**YATES, TRUDY J
5244 SWALLOW DRIVE
NEW PORT RICHEY FL 34652**

7. Name and Address of New Registered Agent

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

TITLE **2VPD**
NAME **EASTON, MARY** ☐ Delete
STREET ADDRESS **2304 MINNEOLA RD**
CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE **1VPD**
NAME **JENSEN, GEORGIA** ☐ Delete
STREET ADDRESS **2405 FRANCISCAN DR #49**
CITY-ST-ZIP **CLEARWATER FL 33763**

TITLE **PD**
NAME **HENNING, PATRICIA** ☒ Delete
STREET ADDRESS **400 PONCE DE LEON BLVD**
CITY-ST-ZIP **CLEARWATER FL 33756**

TITLE **SD**
NAME **YATES, TRUDY** ☒ Delete
STREET ADDRESS **5244 SWALLOW DR**
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE **3VPD**
NAME **POSTON, JANE** ☐ Delete
STREET ADDRESS **1027 DOGWOOD DRIVE**
CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE **TD**
NAME **MEIER, SUE** ☐ Delete
STREET ADDRESS **3266 SAN BERNADINO ST**
CITY-ST-ZIP **CLEARWATER FL 33759**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **IVPD 1ST VP/D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD PRES/D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **2VP/D** ☐ Change ☐ Addition
NAME **MARY JANE ROBBINS**
STREET ADDRESS **11690 PARKVIEW LANE**
CITY-ST-ZIP **SEMINOLE FL 33772**

TITLE **SD** ☐ Change ☐ Addition
NAME **ELLIE LEE**
STREET ADDRESS **1863 OAKDALE LANE N**
CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SUE MEIER, TREASURER 1/31/03 727 726 6410

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)

Attachment #

2003 Not for Profit Corporation Uniform Business Report

Officers, continued

723177

CS (Corresponding Secretary)
Lynn McLaren
2279 Glenmoor Road N
Clearwater, FL 33764

D (Advisor, Past President)
Patricia Henning
400 Ponce De Leon Blvd
Clearwater, FL 33756

D (Member-at-large)
Marella Cassels
2460 Persian Drive #34
Clearwater, FL 33763