

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91720 009 \*\*\*\*61.25

**DOCUMENT # 732250**

1. Entity Name

**G.F.W.C. HOMESTEAD JUNIOR WOMAN'S CLUB, INC.**

Principal Place of Business

Mailing Address

P. O. BOX 900306  
 HOMESTEAD FL 33090

16221 S W 285 STREET  
 HOMESTEAD FL 33033  
 US

00120492



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1705960**

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

**EXTERKAMP, ANNE**  
**16221 SW 285 STREET**  
**HOMESTEAD FL 33033**

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.

SIGNATURE ANNE EXTERKAMP ANNE EXTERKAMP

5/1/02

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 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input type="checkbox"/> Delete
NAME	HARRIS, DEBBIE	
STREET ADDRESS	35250 SW 177 CT #219	
CITY-ST-ZIP	FLORIDA CITY FL 33034	
TITLE	VP/D	<input type="checkbox"/> Delete
NAME	GARRETT, JULIA	
STREET ADDRESS	16385 S W 279 STREET	
CITY-ST-ZIP	HOMESTEAD FL 33031	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KENDALL, CYNTHIA	
STREET ADDRESS	16241 SW 286 ST	
CITY-ST-ZIP	HOMESTEAD FL 33033	
TITLE	TD	<input type="checkbox"/> Delete
NAME	EXTERKAMP, ANNE	
STREET ADDRESS	16221 S W 285 STREET	
CITY-ST-ZIP	HOMESTEAD FL 33033	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	JONES, RITA	
STREET ADDRESS	1192 NIGHTHAWK	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	RSD	<input type="checkbox"/> Delete
NAME	CHAPEL, ANNETTE	
STREET ADDRESS	24912 S W 127 PATH	
CITY-ST-ZIP	HOMESTEAD FL 33032	

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	
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STREET ADDRESS	
CITY-ST-ZIP	
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: ANNE EXTERKAMP ANNE EXTERKAMP

5/1/02

3052452211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)