## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 08, 2004 8:00 am Secretary of State 03-08-2004 90034 002 \*\*\*\*61.25

## **DOCUMENT #732250**

1. Entity Name G.F.W.C. HOMESTEAD JUNIOR WOMAN'S CLUB, INC.						
Principal Place of Business P. O. BOX 900306 HOMESTEAD, FL 33090 HOMESTEAD, FL 33093					54015449	
Principal Place of Business     3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01072004 Chg-NP CR2E037 (10/03)	
City & Stat	е	City & State			4. FEI Number Applied For 59-1705960 Not Applicable	
Zip ———	Zip Country Zip		Country		5. Certificate of Status Desired   \$8.75 Additional Fee Required	
	6. Name and Address of Curren	t Registered Agent			7. Name and Address of New Registered Agent	
EXTERKAMP, ANNE				Name		
16221 SW HOMESTE				ess (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 r	ogistora	d office or reci	gistered agent, or both, in the State of Florida. I am familiar with, and accept	
	ions of registered agent.	for the purpose of changing its in	eArzrei.e	a onice or regi	gistered agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						
Filing Fee Is \$61.25  9. Election Campaign Financing \$5.00 May Be Due by May 1, 2004  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State						
10.	OFFICERS AND D	IBECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VPD	Delete	TITLE		□ Change □ Addition	
NAME	WOOD, LINDA	_ 5000	NAME		Live Charge had head head	
STREET ADDRESS	16240 SW 284 ST.			T ADDRESS		
CITY-ST-ZIP	HOMESTEAD, FL 33033		CITY-	ST-ZIP		
TITLE	VP/D BRINDLE, KAREN	☐ Delete	TITLE		P D	
NAME STREET ADORESS	16741 SW 299 ST.		NAME	T ADDRESS		
CITY-ST-ZIP	HOMESTEAD, FL 33030			ST-ZIP		
TITLE	PD	Delete	TITLE		VPD ☐ Change ► Addition	
NAME	KENDALL, CYNTHIA		NAME	A	LMANDA CHENER -	
STREET ADDRESS	16241 SW 286 ST			1 -	<del>-</del>	
CITY-ST-ZIP	HOMESTEAD, FL 33033		-	ST-ZIP H	HONESTEAD, FL 33035	
TITLE NAME	TD EXTERKAMP, ANNE	☐ Delete	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS	16221 S W 285 STREET			T ADDRESS		
CITY-ST-ZIP	HOMESTEAD, FL 33033			ST-ZIP		
TITLE	VPD	□ Delete	TITLE		V P D ☐ Change ► Addition	
NAME	DAVIS, DANA		NAME	l- 1	KYM HART 1640 NW 19 ST	
STREET ADDRESS CITY-ST-ZIP	20255 SW 296 ST. HOMESTEAD, FL*33030	*		I AUDITEGO	1640 NW 19 ST HOMESTEAD FL 33030	
TITLE	RSD	Delete (1)	1	, , , , , , , , , , , , , , , , , , ,	<del>`</del>	
NAME	CHAPEL, ANNETTE	t l≥ Delete	NAME		Change Addition	
STREET ADDRESS	24912 S W 127 PATH	F			1192 NIGHTHAWK CT	
CITY-ST-ZIP	HOMESTEAD, FL 33032		CITY-	ST-ZIP	HOMESTEAD, FL 33035	
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.						