

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

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90371 035 ****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**

Mailing Address

**16221 S W 285 STREET
HOMESTEAD FL 33033
US**

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 **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. 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	<input checked="" type="checkbox"/> Delete
NAME	HARRIS, DEBBIE	
STREET ADDRESS	35250 SW 177 CT #219.	
CITY-ST-ZIP	FLORIDA CITY FL 33034	
TITLE	VP/D	<input checked="" 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 checked="" 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	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINDA WOOD	
STREET ADDRESS	16240 S.W. 284 ST.	
CITY-ST-ZIP	HOMESTEAD, FL 33033	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAREN BRINDLE	
STREET ADDRESS	16741 S.W. 299 ST.	
CITY-ST-ZIP	HOMESTEAD, FL 33030	
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	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DANA DAVIS	
STREET ADDRESS	20255 S.W. 296 ST.	
CITY-ST-ZIP	HOMESTEAD, FL 33030	
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:

Quifanne G. Exterkamp **QUIFANNE G. EXTERKAMP** 1/26/03 3052452211

CR2E037 (10/02)