

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

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90196 033 *****61.25

DOCUMENT # 732348

1. Entity Name

GENERAL FEDERATION OF WOMEN'S CLUBS (GFWC) SEMINOLE JUNIOR WOMAN'S CLUB INCORPORATED



Principal Place of Business

14394 86TH AVE N.
P.O. BOX 4524
SEMINOLE FL 33776
US

Mailing Address

14394 86TH AVE N.
P.O. BOX 4524
SEMINOLE FL 34642
US

2. Principal Place of Business

13768 84th Tee N

Suite, Apt. #, etc.

P.O. Box 4524

City & State
Seminole FL

Zip
33776

Country
US

3. Mailing Address

13768 84th Tee N

Suite, Apt. #, etc.

P.O. Box 4524

City & State
Seminole FL

Zip
33776

Country
US



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-6155076**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DANIEL, LESI
14394 86TH AVE N.
SEMINOLE FL 34642

7. Name and Address of New Registered Agent

Name

Nancy Kahl
Street Address (P.O. Box Number is Not Acceptable)
13768 84th Tee N

City

Seminole

FL

Zip Code

33776

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

Nancy Kahl **Nancy A Kahl**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/28/03

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 **T** ☒ Delete
NAME **DANIEL, LESI S**
STREET ADDRESS **14394 86TH AVE NO.**
CITY-ST-ZIP **SEMINOLE, FL 33776**

TITLE **PD** ☒ Delete
NAME **ABRAMO, MICHELE**
STREET ADDRESS **12229 92ND TERRACE NORTH**
CITY-ST-ZIP **SEMINOLE FL 33776**

TITLE **VPD** ☐ Delete
NAME **WINTERS, JO**
STREET ADDRESS **9799 53RD AVE N**
CITY-ST-ZIP **SAINT PETERSBURG FL 33708**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **T** ☐ Change ☒ Addition
NAME **Nancy Kahl**
STREET ADDRESS **13768 84th Tee N**
CITY-ST-ZIP **SEMINOLE FL 33776**

TITLE **PD** ☐ Change ☒ Addition
NAME **Doiee Michalick**
STREET ADDRESS **13944 Danielle Ct.**
CITY-ST-ZIP **Seminole FL 33776**

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

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

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:

Nancy Kahl **Nancy A Kahl** **3/28/03** **727-579-1111**

CR2E037 (10/02)