2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State
04-16-2004 90054 050 ****70.00

DOCUMENT # 733072

1. Entity Name

GFWC WOMAN'S CLUB OF CLEARWATER, INC.

Principal Place of Business	Mailing Address
C/O SHERRILL ROBERSON 1631 DALE CIR. SO. DUNEDIN FL 34698 US	C/O SHERRILL ROBERSON 1631 DALE CIR. SO. DUNEDIN FL 34698 US

MOORE CR2E037 (11/03)

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 59-1637435 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ROBERSON, SHERRILL
631 DALE CIRCLE SOUTH
DUNEDIN FL 34698

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
Due By May 1, 2004

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	CS DOLE, LUCILLE 2331 BELLAIR RD, #813 CLEARWATER FL 33764	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1st Vice President Adriana Botjer 521 Ponce de Leon Blvd. Bellair Fl 33756	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SULLIVAN, ELAINE 2550 ST. RD. 580#190 CLEARWATER FL 33761	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Crystal Stultz 1512 Seagull DR apt 205 Palm Harbor Fl 34685	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLARK, MILDRED 2331 BELLEAIR RD. #513 CLEARWATER FL 33764	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Bette Hostetler 107 N. Cirus Ave Clearwater Fl 33765	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WURMLE, MARY 2171 PINE RIDGE DR CLEARWATER FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Trude Darrey 1799 N. Highland Ave apt J-134 Clearwater Fl 33755	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ROBERSON, SHERRILL 1631 DALE CIR. SO. DUNEDIN FL 34698	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Carolyn Volle 1372 Carlisle St Dunedin Fl 34698	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HAUSER, JANET 1014 STEPHEN FOSTER DR LARGO FL 33771	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2nd Vice President Nancy Wurmle 2136 Scotland DR Clearwater Fl 33763	☐ Change ☒ Addition

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: Sherrill E. Roberson Sherrill E. Roberson 4/12/04 727-734-8500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #