2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 25, 2001 8:00 am Secretary of State DOCUMENT # **734269** 1. Entity Name GFWC WEST PALM BEACH JUNIOR WOMEN'S CLUB, INC. 25-2001 90129 047 ****61 25 Principal Place of Business Mailing Address P.O. BOX 16311 P.O. BOX 16311 WEST PALM BEACH FL 33416 WEST PALM BEACH FL 33416 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1747139 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Nancy Wood Street Address (P.O. Box Number is Not Acceptable) FERRIS, LINDA K 2466 Circle Drive 7699 NEMEC DRIVE SOUTH LAKE CLARK SHORES FL 33406 City Zip Code West Palm Beach 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. 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. D Delete TITLE ☐ Change XX Addition TITLE NAME NAME CAIN, PAT Nancy Wood STREET ADDRESS STREET ADDRESS 534 CAROLINE AVE 2466 Circle Drive CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33413 West Palm Beach, FL TITLE TD ☐ Detete TITLE NAME BRECHER, BUNNIE NAME Janet Blackford STREET ADDRESS STREET ADDRESS 7585 NEMEC DRIVE NORTH 3618 Valley Way CITY-ST-ZIP CITY-ST-ZIP LAKE CLARKE SHORES FL 33406 West Palm Beach, FL ☐ Delete □ Change Addition TITLE TITLE NAME NAME FERRIS, LINDA K Suzanne Valentage STREET ADDRESS STREET ADDRESS 7699 NEMEC DRIVE SOUTH 632 Sea Pine Way #A2 CITY-ST-ZIP CITY-ST-ZIP LAKE CLARKE SHORES FL 33406 West Palm Beach, FL 33415 TITLE ☐ Delete VΡ NAME Carolyn Foster STREET ADDRESS STREET ADDRESS 2323 23rd Lane CITY-ST-ZIP CITY-ST-ZIP Palm Beach Gardens, FL Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS 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 empdwered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

changed, or on an attachmen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

with all other like empowered.

with an address,