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

SIGNATURE:

## Apr 22, 2004 8:00 am Secretary of State **DOCUMENT # 738302** 04-22-2004 90022 032 \*\*\*\*61.25 GFWC BRANDON SERVICE LEAGUE, INC. Principal Place of Business Mailing Address P O BOX 140 PO BOX 140 7 BXRANDON FL 33509-1140 121 ASHBROOK DR PO BOX 140 BRANDON FL 33509-7140 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State Applied For 4. FEI Number 59-1729630 Not Applicable Country Country Zip \$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 ELAM, PAT --Street Address (P.O. Box Number is Not Acceptable) 121 ASHBROOK DR **BRANDON FL 33511** 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: FEE \$ \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 004 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. TITLE TITLE Change ☐ Addition X Delete ROBERTS, MARILYN Harbridge, Susan NAME NAME 5705 HERON PARK PL 4432 Gentrice Dr. STREET ADDRESS STREET ADDRESS LITHIA FL 33547 Valrico, FL 33594 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete Change Addition Zameroski, Rosemary FULLINGER, SANDY NAME NAME 1010 WINCHESTER LAND 3910 Valrico Grove Dr. STREET ADDRESS STREET ADDRESS VALRICO FL 33594 CITY-ST-ZIP Valrico, FL 33594 CITY-ST-7IP ☐ Delete Addition TITLE TITLE ☐ Change **ELAM, PATRICIA** NAME NAME 121 ASHBROOK-DR STREET ADDRESS STREET ADDRESS BRANDON FL 33511 CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition DARSOY, JUDY NAME NAME 12750 BALM BOYETTE RD STREET ADDRESS STREET ADDRESS RIVERVIEW FL 33569 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-7IP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 i changed, or on an attact/fluent with an address, with all other like empowered.

FILED