

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 740124

1. Entity Name

GWFC SANTA ROSA WOMAN'S CLUB INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90251 017 ****61.25

Principal Place of Business

Mailing Address

PO BOX 423
GULF BREEZE FL 32561
US

PO BOX 423
GULF BREEZE FL 32562-0423
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1709451

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GALLAGHER, MS. PRESLEY
3372 LAUREL DR.
GULF BREEZE FL 32561

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.

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MINEO, JUDITH	
STREET ADDRESS	4681 SOWNSIDE DR	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	PD	<input type="checkbox"/> Delete
NAME	STRENGHT, JANIS	
STREET ADDRESS	33 EDGEWATER DR	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BRANDON, WENDY	
STREET ADDRESS	1756 ENSENDA TRES	
CITY-ST-ZIP	PENSACOLA BCH FL 32561	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MINEO, JUDITH	
STREET ADDRESS	4681 SOUNDSIDE DR	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	S	<input type="checkbox"/> Delete
NAME	MARTIN, NANCY	
STREET ADDRESS	4164 SANDY BLUFF DR W	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	PIERI, SHARON	
STREET ADDRESS	204 HIBISCUS AVE	
CITY-ST-ZIP	GULF BREEZE FL 32561	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	Recording Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brandon, Wendy	
STREET ADDRESS	1756. Ensenda Tres	
CITY-ST-ZIP	Pensacola Beach Fl. 32561	
TITLE	2nd Vice President.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marion Ginn	
STREET ADDRESS	1607 GUAM Lane	
CITY-ST-ZIP	Gulf Breeze Fl. 32561	
TITLE	3rd Vice President.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rose Jenkins	
STREET ADDRESS	109 Nandina Road,	
CITY-ST-ZIP	Gulf Breeze, Fl. 32561	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mary F. Minshull	
STREET ADDRESS	819 Bay Cliffs Rd,	
CITY-ST-ZIP	Gulf Breeze, Fl. 32561	

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: Mary F. Minshull (MAREE Minshull) 224-00 (850) 932-2664
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF2E037 (9/99)