2001 UNIFORM BUSINESS REPORT (UBR)

2/1

FILED
Mar 29, 2001 8:00 am
Secretary of State
02-15-2001 90053 041 ****61.25

DOCUMENT# 740124

1. Entity Name

GFWC SANTA ROSA WOMAN'S CLUB INC.

Principal Place of Business	Mailing Address
PO BOX 423 GULF BREEZE FL 32561 US	PO BOX 423 GULF BREEZE FL 32561 US

[redacted]

DO NOT WRITE IN THIS SPACE

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 59-1709451 ☐ Applied For ☐ Not Applicable

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2VP GINN, MARION 1607 GUAM LANE GULF BREEZE FL 32561	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	*1VPD Ginn, Marion 1607 Guam Lane Gulf Breeze 32561 — ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD STRENGHT, JANIS 33 EDGEWATER DR GULF BREEZE FL 32561	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2VPD Kathy Barrett 46 Highpoint Dr. Gulf Breeze, FL 32561 — XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RS BRANDON, WENDY 1756 ENSENDA TRES PENSACOLA BCH FL 32561	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MINEO, JUDITH 4681 SOUNDSIDE DR GULF BREEZE FL 32561	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	*PD Mineo, Judith 4681 Soundside Dr. Gulf Breeze, FL 32561 — XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MARTIN, NANCY 4164 SANDY BLUFF DR W GULF BREEZE FL 32561	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Pat Landfair 830 Bay Cliff Road Gulf Breeze, FL 32561 — XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MINSHULL, MARY F 819 BAY CLIFFS RD GULF BREEZE FL 32561	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Carolyn Pfeiffer 4304 Hickory Shores Blvd. Gulf Breeze, FL 32561 — XX Change ☐ Addition

CR2E037 (10/00)

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: SIGNATURE REQUIRED Carolyn Pfeiffer 2-13-01 850-932-3256
Carolyn Pfeiffer, Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

* change in position only.