

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # 740124

1. Entity Name
GFWC SANTA ROSA WOMAN'S CLUB INC.



Principal Place of Business
**PO BOX 423
GULF BREEZE, FL 32562-0423 US**

Mailing Address
**PO BOX 423
GULF BREEZE, FL 32562-0423 US**



02072007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-1709451

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

Marie Boykin

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000656152
03/14/07-80015-003 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GADDIS, SHIRLEY 3014 RANCHETTE SQ GULF BREEZE, FL 32563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS TUNISON, PAT 414 WARWICK ST GULF BREEZE, FL 32561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GINN, MARION 1607 GUAM LN GULF BREEZE, FL 32563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS MIKSCH, BARBARA 3 BREEZE ST GULF BREEZE, FL 32561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOYKIN, MARIE 409 CUMBERLAND AVE GULF BREEZE, FL 32561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Shirley K. Gaddis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/01/07

Date

Daytime Phone #