

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90024 013 ****61.25

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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01152008

Chg-NP

CR2E037 (12/06)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE P ☒ Delete
NAME GADDIS, SHIRLEY
STREET ADDRESS 3014 RANCHETTE SQ
CITY-ST-ZIP GULF BREEZE, FL 32563

TITLE RS ☐ Delete
NAME TUNISON, PAT
STREET ADDRESS 414 WARWICK ST
CITY-ST-ZIP GULF BREEZE, FL 32561

TITLE P ☐ Delete
NAME GINN, MARION
STREET ADDRESS 1607 GUAM LN
CITY-ST-ZIP GULF BREEZE, FL 32563

TITLE CS ☒ Delete
NAME MIKSCH, BARBARA
STREET ADDRESS 3 BREEZE ST
CITY-ST-ZIP GULF BREEZE, FL 32561

TITLE T ☒ Delete
NAME BOYKIN, MARIE
STREET ADDRESS 409 CUMBERLAND AVE
CITY-ST-ZIP GULF BREEZE, FL 32561

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VP ☐ Change ☒ Addition
NAME ANBARA GONSHOR
STREET ADDRESS 1639 KALAKAUA CT
CITY-ST-ZIP GULF BREEZE FL 32563

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CS ☐ Change ☒ Addition
NAME MARY EDER
STREET ADDRESS 4676 SOUNDSIDE DR.
CITY-ST-ZIP GULF BREEZE FL 32563

TITLE T ☐ Change ☒ Addition
NAME ANNA W. CAMPBELL
STREET ADDRESS 200 LAURA LANE
CITY-ST-ZIP GULF BREEZE FL 32561

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

ANNA W. CAMPBELL

SIGNATURE:

Anna W. Campbell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-08

Date

850-932-7943

Daytime Phone #