

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2006 8:00 am**  
**Secretary of State**

02-17-2006 90072 022 \*\*\*\*61.25

**DOCUMENT # 742348**

1. Entity Name

**GFWC MYRTLE GROVE WOMAN'S CLUB, INCORPORATED**



Principal Place of Business

885 N 70TH AVE  
PO BOX 3328  
PENSACOLA FL 32516

Mailing Address

PO BOX 3328  
PENSACOLA FL 32516-3528  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number  
**59-6207793**

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

**WALLER, CATHERINE  
7025 WEATHERWOOD DRIVE  
PENSACOLA FL 32506**

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 reappointing)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Delete  
NAME **GUSTAFSON, MARGUERITE**  
STREET ADDRESS **4970 CATALINA CR**  
CITY-ST-ZIP **PENSACOLA FL 32506**

TITLE **P** ☒ Change ☐ Addition  
NAME **Gracie-C. Sprinkle**  
STREET ADDRESS **509 Lowndes Avenue**  
CITY-ST-ZIP **Pensacola, FL 32507-3748**

TITLE **VP** ☐ Delete  
NAME **BURNETT, ROTH**  
STREET ADDRESS **5 BILLINGSLEY PLACE**  
CITY-ST-ZIP **PENSACOLA FL 32506**

TITLE **VP** ☒ Change ☐ Addition  
NAME **Ozelle Fluck**  
STREET ADDRESS **319 Calhoun Avenue**  
CITY-ST-ZIP **Pensacola, FL 32507-2826**

TITLE **TD** ☐ Delete  
NAME **LUCAS, CONNIE**  
STREET ADDRESS **7102 OLSEN ROAD**  
CITY-ST-ZIP **PENSACOLA FL 32506-3859**

TITLE **T** ☒ Change ☐ Addition  
NAME **Alberta Strickland**  
STREET ADDRESS **34 Huntington Drive**  
CITY-ST-ZIP **Pensacola, FL 32506-4118**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 Section 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: **ALBERTA STRICKLAND** *Alberta Strickland* **2/4/06** **805-456-6071**