

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004 08:00 AM
Secretary of State

DOCUMENT # 743377

1. Entity Name
GFWC MERRITT ISLAND WOMAN'S CLUB, INC.



Principal Place of Business
PO BOX 540924
MERRITT ISLAND, FL 32954-0924 US

Mailing Address
PO BOX 540924
ATTN: TREASURER
MERRITT ISLAND, FL 32954-0924 US



01152004 No Chg-NP CR2E037 (10/03)

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4. FEJ Number **59-6206108** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CAIRNES, ANNE F
851 GARDENER RD
ROCKLEDGE, FL 32955

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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, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

00000048629
02/12/04-80087-025 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME NELSON, JACKIE
STREET ADDRESS 260 E LAUREN CT
CITY-ST-ZIP MERRITT ISLAND, FL 32952

TITLE 1VPD
NAME THIRWELL, CATHY
STREET ADDRESS 4055 OLD SETTLEMENT ROAD
CITY-ST-ZIP MERRITT ISLAND, FL 32952

TITLE 2VPD
NAME THOMAS, NORMA
STREET ADDRESS 220 S 5TH STREET B204
CITY-ST-ZIP COCOA BEACH, FL 32931

TITLE 3VPD
NAME CARTER, LYNN
STREET ADDRESS 1025 ROCKLEDGE DR
CITY-ST-ZIP ROCKLEDGE, FL 32955

TITLE RS
NAME AUCHTER, BETTY
STREET ADDRESS 250 MALAGA COURT
CITY-ST-ZIP MERRITT ISLAND, FL 32953

TITLE TD
NAME CAIRNES, ANNE
STREET ADDRESS 851 GARDENER RD
CITY-ST-ZIP ROCKLEDGE, FL 32955

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), 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: ANNE F. CAIRNES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 9, 2004 (321)639-2334
Date Daytime Phone #