

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-07-2003 90108 019 ****61.25

DOCUMENT # 743377

1. Entity Name

GFWC MERRITT ISLAND WOMAN'S CLUB, INC.



00010004

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

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

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

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
STEELE, JOANN
3670 S TROPICAL TR
MERRITT ISLAND FL 32952

7. Name and Address of New Registered Agent
Name **ANNE F. CAIRNES**
Street Address (P.O. Box Number is Not Acceptable)
851 GARDNER RD.
City **ROCKLEDGE** FL Zip Code **32955-8138**

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 *Anne F. Cairnes, Treasurer* **ANNE F. CAIRNES 2-20-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

Make Check Payable to Florida Department of State

FILE NOW: FEE IS \$61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OTT, CAROLYN 2585 LYNWOOD PLACE MERRITT ISLAND FL 32953	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STUCKE, HAZEL 2210 HERON DR MERRITT ISLAND FL 32953	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STEELE, JOANN 3670 S TROPICAL TR MERRITT ISLAND FL 32952	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CAIRNES, ANNE 851 GARDNER RD ROCKLEDGE FL 32955-8138	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHILL, JO BETH 540 PLANTATION RD MERRITT ISLAND FL 32953	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NELSON, JACKIE 260 E LAUREN CT MERRITT ISLAND FL 32952	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JACKIE NELSON 260 E. LAUREN CT MERRITT ISL FL 32952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1ST VICE PRESIDENT CATHY THIRLWELL 4055 OLD SETTLEMENT ROAD MERRITT ISLAND FL 32952-6211	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2ND VICE PRESIDENT NORMA THOMAS 220 SO. 5TH STREET B204 COCOA BEACH, FL 32931-2593	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3RD VICE PRESIDENT LYNN CARTER 1025 ROCKLEDGE DR ROCKLEDGE FL 32955	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RECORDING SECRETARY BETTY AUCHTER 250 MALAGA COURT MERRITT ISL FL 32953	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER ANNE CAIRNES 851 GARDNER RD ROCKLEDGE FL 32955-8138	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Anne F. Cairnes* **ANNE F. CAIRNES Jan. 30, 2003 321-639-2334**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (10/02)