

9/13/01-90053-046-\$61.25-\$61.25

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 755223**

1. Entity Name

GFWC MELBOURNE AREA JUNIOR WOMAN'S CLUB, INC.

Principal Place of Business

1117 PACE DR NW
PALM BAY FL 32907
US

Mailing Address

P.O. BOX 1544
MELBOURNE FL 32902
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

Country

4. FEI Number **59-1739311**Applied For
Not Applicable5. 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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

THOMAS W. DEANS, ESQUIRE
47 W. NEW HAVEN AVENUE
SUITE 101
MELBOURNE FL 32901

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.

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
After September 12, 2001, min. will be \$236.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
VO	STRATTON, PAULA	2835 RANCH RD	MELBOURNE FL	☒
S	CLEMMONS, SANDY	2957 TIVOLI AVE, S.E.	PALM BAY FL	☒
VO	DEANS, REBECCA B.	135 9TH AVENUE	INDIALANTIC FL	☒
PD	FALK, LISA	1858 THESEY DRIVE	VERA FL	☒
TD	KISH, BARBARA	1025 LENNOX WAY	MELBOURNE FL 32940	☒
				☐

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
President	Shelia Ridge	333 8th Avenue	INDIALANTIC, FL 32903	☒	☐
Vice-President	Joyce Molesan	1053 Crazyhorse Avenue	Palm Bay, FL 32907	☒	☐
Secretary	Sandy Shelton	2957 Tivoli Avenue, SE	Palm Bay, FL 32909	☒	☐
Treasurer	Sally Ann Corbley	2404 SCENIC DRIVE	Melbourne, FL 32901	☒	☐
				☐	☐

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: *Sally Ann Corbley*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

01 NOV -8 PM 6:45

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E007 (5/01)