


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 755223 1. Entity Name GFWC MELBOURNE AREA JUNIOR WOMAN'S CLUB, INC.	
--	---

Principal Place of Business 2404 SCENIC DRIVE MELBOURNE, FL 32901 US	Mailing Address 2404 SCENIC DRIVE MELBOURNE, FL 32901 US
--	--

DO NOT WRITE IN THIS SPACE



01132005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1739311	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent THOMAS W. DEANS, ESQUIRE 47 W. NEW HAVEN AVENUE SUITE 101 MELBOURNE, FL 32901

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent's signature required when releasing) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

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

1100000182016

01/19/05-80012-004 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HORSLEY, DIANE BACCUS PO BOX 33572 INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RINDGE, SHELIA 812 E STRAWBRIDGE AVENUE MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CORBLEY, SALLY ANN 2404 SCENIC DRIVE MELBOURNE, FL 32909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CORBLEY, SALLY ANN 2404 SCENIC DRIVE MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

1-14-05 321-951-4574
Date Daytime Phone #

Sally Ann Corbley