

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

**FILED**  
**Mar 05, 2003 8:00 am**  
**Secretary of State**

03-05-2003 90089 025 \*\*\*\*61.25

**DOCUMENT # 755223**

1. Entity Name

**GWFC 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1739311**

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

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

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 *Thomas W. Deans*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

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 NAME	PD RINDGE, SHELIA	<input type="checkbox"/> Delete
STREET ADDRESS	333 8TH AVE.	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE NAME	V MOLESAN, JOYCE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1053 CRAZYHORSE AVE.	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE NAME	SD SHELTON, SANDY	<input type="checkbox"/> Delete
STREET ADDRESS	2957 TIVOLI AVE., S.E.	
CITY-ST-ZIP	PALM BAY FL 32909	
TITLE NAME	TD CORBLEY, SALLY A	<input type="checkbox"/> Delete
STREET ADDRESS	2404 SCENIC DRIVE	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	Vice President Diane Baccus-Horsley	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	P.O. Box 33572	
CITY-ST-ZIP	Indialantic, FL 32903	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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 and empowered.

SIGNATURE: *Sally Ann Corbley* **Sally Ann Corbley** 121-03 321 951-4574

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)