2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State
04-01-2002 90068 004 ****61.25

DOCUMENT # 762973

1. Entity Name

GFWC GULF BEACH WOMAN'S CLUB, INC.

Principal Place of Business	Mailing Address
NICELEY, FLORENCE. S 4500-1ST AVE NO ST PETERSBURG FL 33713 US	FLORENCE S NICELEY 4500 1ST AVE NO ST. PETERSBURG FL 33713 US

DO NOT WRITE IN THIS SPACE

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 59-2131466 ☐ 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
NICELEY, FLORENCE S 4500 1ST AVE NORTH ST. PETERSBURG FL 33713	Name: Constance Wilkie Street Address (P.O. Box Number is Not Acceptable): 7959 Causeway Blvd. N. St. Petersburg, Fl 33707- 1007 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.

Constance Wilkie

SIGNATURE: Constance Wilkie 3/21/02
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 Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP MACPHERSON, JOANNE 5-163RD AVE REDINGTON BEACH FL 33708	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Floyd, Mary Ann 8524-A Bardmore Blvd. Largo, Fl 33777	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP NERMANI, RUTH 7975 58 AVENUE NO. #311 ST. PETERSBURG FL 33709	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~MacPherson, Joanne~~ ~~5 163 rd Avenue N.~~ ~~Redington Beach, Fl 33708-1161~~	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS BARRETT, RITA 16117 5 STREET EAST SAINT PETERSBURG FL 33708	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS Barrett, Dawn 844 Bruce Ave Clearwater, Fl 33767	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT WILKIE, CONSTANCE 7959 CAUSEWAY BLVD. NORTH SAINT PETERSBURG FL 33707	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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.

Mary Ann Floyd

SIGNATURE: Mary Ann Floyd SIGNATURE REQUIRED 3/21/02 727-391-8402
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #