

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

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90084 005 \*\*\*\*61.25

**DOCUMENT # 762973**

1. Entity Name

**GFWC GULF BEACH WOMAN'S CLUB, INC.**



Principal Place of Business

**NICELEY, FLORENCE. S**  
**4500-1ST AVE NO**  
**ST PETERSBURG FL 33713**  
**US**

Mailing Address

**FLORENCE S NICELEY**  
**4500 1ST AVE NO**  
**ST. PETERSBURG FL 33713**  
**US**

2. Principal Place of Business

**CONSTANCE Wilkie**  
Suite, Apt. #, etc.  
**7959 CAUSEWAY Blvd.N.**  
City & State  
**ST. PETERSBURG, FL**

3. Mailing Address

**CONSTANCE Wilkie**  
Suite, Apt. #, etc.  
**7959 CAUSEWAY Blvd.N.**  
City & State  
**ST. PETERSBURG, FL**



☒ CHECK HERE IF MAKING CHANGES

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

**WILKIE, CONSTACE**  
**7959 CAUSEWAY BLVD.N**  
**SAINT PETERSBURG FL 33707**

7. Name and Address of New Registered Agent

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

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 STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MACPHERSON, JOANNE</b> <b>5-163RD AVE</b> <b>REDINGTON BEACH FL 33708</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>FLOYD, MARY ANN</b> <b>8324-A BARDMORE BLVD</b> <b>LARGO FL 33777</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>BARRETT, DAWN</b> <b>844 BRUCE AVE</b> <b>CLEARWATER FL 33767</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>WILKIE, CONSTANCE</b> <b>7959 CAUSEWAY BLVD. NORTH</b> <b>SAINT PETERSBURG FL 33707</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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:

**CONSTANCE Wilkie**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-13-03 (727)343-6898**

CR2E037 (10/02)