

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2004 8:00 am
Secretary of State

03-04-2004 90009 019 *****61.25

DOCUMENT # 765128

1. Entity Name

GFWC AUBURNDAL E WOMAN'S CLUB, INC.



Principal Place of Business

% ANN W JAMES
115 PATTERSON DRIVE
AUBURNDAL E FL 33823

Mailing Address

% ANN W JAMES
115 PATTERSON DRIVE
AUBURNDAL E FL 33823

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MOORE

CR2E037 (11/03)

4. FEI Number

59-2517363

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

JAMES, ANN W
115 PATTERSON DRIVE
AUBURNDAL E FL 33823

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
Due By May 1, 2004

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 **P** ☐ Delete
NAME **JAMES, ANN**
STREET ADDRESS **115 PATTERSON DRIVE**
CITY-ST-ZIP **AUBURNDAL E FL 33823**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **BRANDBERRY, BABE**
STREET ADDRESS **5339 DORAL COURT**
CITY-ST-ZIP **LAKELAND FL 33801-0319**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PE** ☒ Delete
NAME **JAMES, ANN**
STREET ADDRESS **115 PATTERSON DRIVE**
CITY-ST-ZIP **AUBURNDAL E FL 33823**

TITLE **PE** ☒ Change ☐ Addition
NAME **Cimquanti, Sally**
STREET ADDRESS **12415 Keystone Court**
CITY-ST-ZIP **Auburndale, FL 33823**

TITLE **D** ☒ Delete
NAME **HOWELL, TERRI**
STREET ADDRESS **1252 KEYSTONE COURT**
CITY-ST-ZIP **AUBURNDAL E FL 33823-2306**

TITLE **VP** ☒ Change ☐ Addition
NAME **James, Janet**
STREET ADDRESS **901 Liberty Lane**
CITY-ST-ZIP **Auburndale, FL 33823**

TITLE **SD** ☐ Delete
NAME **MCNEILL, JEANNE**
STREET ADDRESS **129 LAKEVIEW DRIVE**
CITY-ST-ZIP **AUBURNDAL E FL 33823-2222**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **HOWELL, TERRIE**
STREET ADDRESS **1252 KEYSTONE COURT**
CITY-ST-ZIP **AUBURNDAL E FL 33823-2069**

TITLE ☐ Change ☐ Addition
NAME
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 empowered.

SIGNATURE

Ann W. James

Ann W. James

February 27, 2004 (863)9675829

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #