

FILED

Jun 15, 2001 8:00 am
Secretary of State

05-17-2001 90404 032 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000004527

1. Entity Name

GFWC WOMEN'S CLUB OF CRESTVIEW, INC.

Principal Place of Business

150 WOODLAWN DR
CRESTVIEW FL 32536

Mailing Address

PO BOX 1783
CRESTVIEW FL 32539

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

Can find no record of #

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

COX, SHARLENE B
3199 STEWART ROAD
CRESTVIEW FL 32539

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.

SIGNATURE

Sharlene B. Cox

Signature, typed or printed name of registered agent and the is applicable.

(NOTE: Registered Agent signature required when reinstating)

April 18, 2001

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution.☐\$5.00 May Be
Added to FeesMake 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	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
		<i>DIRECTOR</i> President Cox, Sharlene 3199 Stewart Rd, Crestview, FL 32539	
		<i>D</i> 1st VP <i>DIRECTOR</i> Allen, Georgianna 108 Lindley Road. Crestview, FL 32536	
		<i>D</i> 2nd-VP Jeanne Gutenmann 103 Fairway Drive, Crestview, FL 32536	
		<i>D</i> Treasurer <i>DIRECTOR</i> Ruth L. Lusk 305 Runnymede Dr, Crestview, FL 32539	
		<i>D</i> Recording Secretary Elliott, Nell 306 Timberline Dr, Crestview, FL 32539	
		<i>D</i> Corres. Secretary Godwin, Patty 115 Steeplechase, Crestview, FL 32539	

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:

SIGNATURE OF RUTH L. LUSK, TREASURER

Ruth L. Lusk

4-30-01

850-683-0416

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #