2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2002 8:00 am
Secretary of State
06-04-2002 90205 035 ****61.25

DOCUMENT # N00000004527

1. Entity Name

GFWC WOMEN'S CLUB OF CRESTVIEW, INC.

Principal Place of Business	Mailing Address
150 WOODLAWN DR CRESTVIEW FL 32536	PO BOX 1783 CRESTVIEW FL 32539

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 NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COX, SHARLENE B
3199 STEWART ROAD
CRESTVIEW FL 32539

7. Name and Address of New Registered Agent

Name: Allen, Georgianna
Street Address (P.O. Box Number is Not Acceptable): 108 Lindley Road
City: Crestview **FL** Zip Code: 32536

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 X Georgianna Allen Georgianna Allen, President 5/28/02
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	DP COX, SHARLENE 3199 STEWART RD CRESTVIEW FL 32539	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Allen, Georgiana 108 Lindley Road Crestview, FL 32536	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D1VP ALLEN, GEORGIANNA 108 LINDLEY ROAD CRESTVIEW FL 32536	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1st VP Gutenmann, Jeanne 103 Fairway Drive, Crestview, FL 32536	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D2VP GUTENMANN, JEANNE 103 FAIRWAY DRIVE CRESTVIEW FL 32536	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2nd VP Beamon, Ikie 227 Wedgewood Lane Crestview, FL 32536	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT LUSK, RUTH L 305 RUNNYMEADE DR CRESTVIEW FL 32539	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Larson, Margaret 119 Steeplechase Dr Crestview, FL 32539	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DRS ELLIOTT, NELL 306 TIMBERLINE DR CRESTVIEW FL 32539	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DCS GODWIN, PATTY 115 STEEPLECHASE CRESTVIEW FL 32539	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Corr Secy Dangler, Pattie 537 Gallant Fox Lane Crestview, FL 32539	☒ 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.

SIGNATURE: SIGNATURE REQU Margaret Larson Treasurer 5/28/01 850-423-0037
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #