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

Aug 26, 2004 8:00 am Secretary of State DOCUMENT # N00000004527 1. Entity Name 08-26-2004 90005 047 ****61.25 GFWC WOMEN'S CLUB OF CRESTVIEW, INC. Principal Place of Business Mailing Address 150 WOODLAWN DR PO BOX 1783 54070104 CRESTVIEW FL 32536 CRESTVIEW FL 32539 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc MOORE CR2E037 (4/04) Applied For City & State City & State 4. FEI Number NO-T APPLICABLE Not Applicable 7in Country Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Gutenmann, Janne CUTENMANN, JEANNE Street Address (P.O. Box Number is Not Acceptable) 103 FAIRWAY DRIVE CRESTVIEW FL 32536 City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution Due By September 8, 2004 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. DP ☐ Delete TITLE ☐ Addition **GUTENMANN, JEANNE** NAME NAME 103 FAIRWAY DRIVE STREET ADDRESS STREET ADDRESS CRESTVIEW FL 32536 CITY-ST-ZIP CITY-ST-ZIP D1VP TITLE Delete TITLE DIVP X Change ☐ Addition Manson Linda 206 River Chase Blod. Crestriew, Fl. 32536 ODOM, LINDA NAME NAME 1415 QUAIL RIDGE DRIVE STREET ADDRESS STREET ADDRESS CRESTVIEW FL 32539 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition BEAMON, IKIE Papa dopoulos, Grace 3540 Buck horn Do NAME NAME 227 WEDGEWOOD LANE STREET ADDRESS STREET ADDRESS. CITY-ST-ZIP CRESTVIEW FL 32536 CITY-ST-ZIP Crest View, Fl. 32539 ☐ Delete ☐ Change TITLE TITLE ☐ Addition LUSK, RUTH NAME NAME 305 RUNNYMEAD DRIVE STREET ADDRESS STREET ADDRESS CRESTVIEW FL 32539 CITY-ST-71P C(TY-ST-ZIP TITLE ☐ Defete TITLE Change Change ☐ Addition BEDDOW, SUE NAME NAME 5760 WILDWOOD LANE STREET ADDRESS STREET ADDRESS CRESTVIEW FL 32536 CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITI F Birdsell, Marietta 611 Brook meade Dr. DANGLER, PATTIE NAME NAME 537 GALLANT FOX LANE STREET ADDRESS STREET ADDRESS CRESTVIEW FL 32539 CITY-ST-ZIP CITY-ST-7IP

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:

rendent

Cluquet 23, 2004
Date Daytime Phone #

FILED