


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2004 8:00 am
Secretary of State

05-06-2004 90168 020 ****61.25

DOCUMENT # N03000009155 1. Entity Name GFWC NORTH PINELLAS WOMAN'S CLUB, INC.					
Principal Place of Business 2210 RAMSGATE CT SAFETY HARBOR, FL 34695 US			Mailing Address 2210 RAMSGATE CT SAFETY HARBOR, FL 34695 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-0312264	
5. Name and Address of Current Registered Agent HUSSAR, JANE J 2210 RAMSGATE CT SAFETY HARBOR, FL 34695				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
6. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete HUSSAR, JANE J 2210 RAMSGATE CT SAFETY HARBOR, FL 34695				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Delete VANVONNO, EVELYN 1606 GOVERNORS LANE SAFETY HARBOR, FL 34695				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete AUTH, LAURIE 26 VALENCIA CIRCLE SAFETY HARBOR, FL 34695				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Theresa Del Davenport, Michelle <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2417 Persian Dr., Bldg. S3, #7 Clearwater, FL 33763				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Jane J. Hussar</u> <u>Jane J. Hussar</u> <u>4/29/04</u> <u>(727) 725-2802</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

66433278



04252004 Chg-NP CR2E037 (10/03)

4. FEI Number
20-0312264 Applied For
Not Applicable

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

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

6. 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 reappointing) DATE

Filing 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

TITLE	P <input type="checkbox"/> Delete
NAME	HUSSAR, JANE J
STREET ADDRESS	2210 RAMSGATE CT
CITY-ST-ZIP	SAFETY HARBOR, FL 34695
TITLE	VP <input checked="" type="checkbox"/> Delete
NAME	VANVONNO, EVELYN
STREET ADDRESS	1606 GOVERNORS LANE
CITY-ST-ZIP	SAFETY HARBOR, FL 34695
TITLE	VP <input type="checkbox"/> Delete
NAME	AUTH, LAURIE
STREET ADDRESS	26 VALENCIA CIRCLE
CITY-ST-ZIP	SAFETY HARBOR, FL 34695
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
NAME	Davenport, Michelle <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2417 Persian Dr., Bldg. S3, #7
CITY-ST-ZIP	Clearwater, FL 33763
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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SIGNATURE: Jane J. Hussar Jane J. Hussar 4/29/04 (727) 725-2802
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #