


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90231 044 \*\*\*\*70.00

<b>DOCUMENT # N04000007096</b> 1. Entity Name <b>GFWC CLAY COUNTY WOMEN FOR EDUCATION, INC.</b>						
Principal Place of Business <b>1000 ST. JOHNS AVENUE GREEN COVE SPRINGS, FL 32043</b>			Mailing Address <b>1000 ST. JOHNS AVENUE GREEN COVE SPRINGS, FL 32043</b>			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
<b>MAIDEL, PATTI 1815 WOOD FERN COURT ORANGE PARK, FL 32003</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 <u><i>Patti Maidel</i></u> <u><b>PATTI MAIDEL TD</b></u> <u><b>4-20-05</b></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		
<b>Make check payable to Florida Department of State</b>						
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD <input checked="" type="checkbox"/> Delete			TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<del>FREEMAN, CLARA</del>			NAME	<b>FAYE IRVIN</b>	
STREET ADDRESS	<del>1000 ST. JOHNS AVENUE</del>			STREET ADDRESS	<b>947 CREIGHTON ROAD</b>	
CITY-ST-ZIP	<del>GREEN COVE SPRINGS, FL 32043</del>			CITY-ST-ZIP	<b>ORANGE PARK, FL 32003</b>	
TITLE	VD <input checked="" type="checkbox"/> Delete			TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<del>GLEAR, COLLEEN</del>			NAME	<b>EVELYN HYDE</b>	
STREET ADDRESS	<del>1516 LINKSIDE DRIVE</del>			STREET ADDRESS	<b>2417 LAKEVIEW DRIVE</b>	
CITY-ST-ZIP	<del>ORANGE PARK, FL 32003</del>			CITY-ST-ZIP	<b>ORANGE PARK, FL 32073</b>	
TITLE	SD <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<del>HEINTZINGER, DOROTHY</del>			NAME		
STREET ADDRESS	<del>1972 GREENAPPLE COURT</del>			STREET ADDRESS		
CITY-ST-ZIP	<del>ORANGE PARK, FL 32073</del>			CITY-ST-ZIP		
TITLE	TD <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<del>MAIDEL, PATTI</del>			NAME		
STREET ADDRESS	<del>1815 WOOD FERN COURT</del>			STREET ADDRESS		
CITY-ST-ZIP	<del>ORANGE PARK, FL 32003</del>			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				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: <u><i>Patti Maidel</i></u> <u><b>PATTI MAIDEL, TD</b></u> <u><b>4-20-05 (904)215-0410</b></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>						