

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2008 08:00 AM
Secretary of State

DOCUMENT # N04000007096

1. Entity Name
GFWC CLAY COUNTY WOMEN FOR EDUCATION, INC.



Principal Place of Business
1000 ST. JOHNS AVENUE
GREEN COVE SPRINGS, FL 32043

Mailing Address
1000 ST. JOHNS AVENUE
GREEN COVE SPRINGS, FL 32043

DO NOT WRITE IN THIS SPACE



01202008 No Chg-NP CR2E037 (4/06)

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 32-0102609 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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

6. Name and Address of Current Registered Agent

MUSIELAK, HELEN
1539 LEESTAN CRT.
ORANGE PARK, FL 32073

**DO NOT WRITE
IN THIS SPACE**

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 Helen Musielak

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04-01-08

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
HOGAN, CAROL
708 WINFRED PLACE
ORANGE PARK, FL 32073

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
FREEMAN, CLARA
1000 ST JOHNS AVE.
GREEN COVE SPRINGS, FL 32043

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
HEINTZINGER, DOROTHY
1972 GREENAPPLE COURT
ORANGE PARK, FL 32073

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
MUSIELAK, HELEN
1539 LEESTAN CT
ORANGE PARK, FL 32073

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000876523
04/11/08-80076-009 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Helen Musielak, Treas.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-01-08 904-269-2085
Date Daytime Phone #