

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90093 024 \*\*\*\*61.25

**DOCUMENT # N07318**

1. Entity Name

**GFWC TALLAHASSEE JUNIOR WOMAN'S CLUB, INC.**

Principal Place of Business

Mailing Address

**% LOS ROBLES  
P.O. BOX 944  
TALLAHASSEE FL 32302-0944**

**% LOS ROBLES  
P.O. BOX 944  
TALLAHASSEE FL 32302-0944**

**B0111459**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-6138788**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DUGGAR, THOMAS E.  
1391 TIMBERLANE ROAD  
TALLAHASSEE FL 32302**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** 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.

SIGNATURE

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	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>FLETCHER, JOANN</b>	
STREET ADDRESS	<b>1631 GOODWOOD DRIVE</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BRENNAN, KATHLEEN</b>	
STREET ADDRESS	<b>4778 LANCASHURE LANE</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>THOMAS, PAT</b>	
STREET ADDRESS	<b>3213 WHITNEY DR. W</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BUTLER, LORI</b>	
STREET ADDRESS	<b>2417 DUNDEE DRIVE</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ARTHUR, TOCOI</b>	
STREET ADDRESS	<b>3515 SHARER ROAD</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32312</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>AUBIN, CANDI</b>	
STREET ADDRESS	<b>3404 MERRIMAC DRIVE</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Lori Gormin</b>	
STREET ADDRESS	<b>2417 Dundee Drive</b>	
CITY-ST-ZIP	<b>Tallahassee, FL 32308</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Beth Hamilton</b>	
STREET ADDRESS	<b>2308 Arendell Way</b>	
CITY-ST-ZIP	<b>Tallahassee, FL 32308</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Tocoi Arthur</b>	
STREET ADDRESS	<b>3515 Sharer Road</b>	
CITY-ST-ZIP	<b>Tallahassee, FL 32312</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Anji Stabler</b>	
STREET ADDRESS	<b>3455 Hyde Park Way</b>	
CITY-ST-ZIP	<b>Tallahassee, FL 32308</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

*JoAnn Fletcher*  
**JOANN FLETCHER**

*JoAnn Fletcher 5-1-02 410-9233*  
**JoAnn Fletcher 5-1-02 410-9233**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)