


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91021 040 ****61.25

DOCUMENT # N07318 1. Entity Name GFWC TALLAHASSEE JUNIOR WOMAN'S CLUB, INC.					
Principal Place of Business % LOS ROBLES P.O. BOX 944 TALLAHASSEE, FL 32302-0944		Mailing Address % LOS ROBLES P.O. BOX 944 TALLAHASSEE, FL 32302-0944			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		94081711	
City & State		City & State		4. FEI Number 59-6138788	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DUGGAR, THOMAS E. 1391 TIMBERLANE ROAD TALLAHASSEE, FL 32302				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CALHOUN, KAREN 3301 W. WHITNEY DR. TALLAHASSEE, FL 32309	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRENNAN, KATHLEEN 4778 LANCASHURE LANE TALLAHASSEE, FL 32308	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Beth Hamilton 2308 Arendell Way Tallahassee FL 32308	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORMIN, LORI 2417 DUNDEE DR. TALLAHASSEE, FL 32309	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STRICKLAND, RENEE 3030 HARPERS FERRY DR. TALLAHASSEE, FL 32308	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STABLER, ANJI 3455 HYDE PARK WAY TALLAHASSEE, FL 32308	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUBIN, CANDI 3404 MERRIMAC DRIVE TALLAHASSEE, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Teresa Embry 910 maplewood Ave Tallahassee FL 32303	
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 information.					
SIGNATURE: <u>Karen Calhoun</u> <u>Karen Calhoun</u>			Date: <u>4/30/04</u>		Daytime Phone #: <u>850-922-1611</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					