


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2005 8:00 am
Secretary of State

09-06-2005 90141 026 ****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		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	
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. 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 September 7, 2005		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	T <input checked="" type="checkbox"/> Delete	TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CALHOUN, KAREN	NAME	Patti Sanzone
STREET ADDRESS	3301 W. WHITNEY DR.	STREET ADDRESS	1933 Lawson Road
CITY-ST-ZIP	TALLAHASSEE, FL 32309	CITY-ST-ZIP	Tallahassee, FL 32308
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAMILTON, BETH	NAME	Karen Torrisi
STREET ADDRESS	2308 ARENDELL WAY	STREET ADDRESS	8101 Tally Ann Drive
CITY-ST-ZIP	TALLAHASSEE, FL 32308	CITY-ST-ZIP	Tallahassee, FL 32311
TITLE	D <input type="checkbox"/> Delete	TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GORMIN, LORI	NAME	Claudia Sachs
STREET ADDRESS	2417 DUNDEE DR.	STREET ADDRESS	281 Pinewood Drive
CITY-ST-ZIP	TALLAHASSEE, FL 32309	CITY-ST-ZIP	Tallahassee, FL 32303
TITLE	P <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRICKLAND, RENEE	NAME	Renee Strickland
STREET ADDRESS	3030 HARPERS FERRY DR.	STREET ADDRESS	3030 Harpurs Ferry Dr.
CITY-ST-ZIP	TALLAHASSEE, FL 32308	CITY-ST-ZIP	Tallahassee, FL 32308
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STABLER, ANJI	NAME	Candi Aubin
STREET ADDRESS	3455 HYDE PARK WAY	STREET ADDRESS	3404 Merrimac Drive
CITY-ST-ZIP	TALLAHASSEE, FL 32308	CITY-ST-ZIP	Tallahassee, FL 32312
TITLE	V <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EMBRY, TERESA	NAME	Teresa Embry
STREET ADDRESS	910 MAPLEWOOD AVE.	STREET ADDRESS	910 Maplewood Ave
CITY-ST-ZIP	TALLAHASSEE, FL 32303	CITY-ST-ZIP	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)(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>Claudia Sachs</u>		Date: _____ Daytime Phone #: <u>850-210-0500</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	



09012005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-6138788 Applied For Not Applicable

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