

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

0006075

05-01-2003 90788 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

4. FEI Number **59-6138788**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



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

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

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 Florida Department of State

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Karen Calhoun	
STREET ADDRESS	3301 W Whitney Dr.	
CITY-ST-ZIP	Tallahassee FL 32309	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lori Garmin	
STREET ADDRESS	2417 Dundee Dr.	
CITY-ST-ZIP	Tallahassee FL 32309	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Renee Strickland	
STREET ADDRESS	3030 Harpers Ferry Dr.	
CITY-ST-ZIP	Tallahassee FL 32308	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Anji Stabler	
STREET ADDRESS	3455 Hyde Park Way	
CITY-ST-ZIP	Tallahassee FL 32308	
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: **SKAREN CALHOUN** **Karen Calhoun** **4/28/03** **922/611**

CR2E037 (10/02)