

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90046 026 ****70.00

DOCUMENT # N18250

1. Entity Name

**G.F.W.C. PALM HARBOR JUNIOR WOMAN'S CLUB,
INC.**



Principal Place of Business

P O BOX 290
PALM HARBOR FL 34682-0290

Mailing Address

P O BOX 290
PALM HARBOR FL 34682-0290



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-2292228

Applied For

Not Applicable

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

**BRANDT, MARK W ESO
595 MAIN STREET
DUNEDIN FL 33528**

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
Due By May 1, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME CETERA, VICKIE
STREET ADDRESS 2724 CHALLENGER DR
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE PD ☐ Change ☒ Addition
NAME Sklar, Amanda
STREET ADDRESS 1320 Nebraska Avenue
CITY-ST-ZIP Palm Harbor, FL 34683

TITLE DT ☒ Delete
NAME HAMRIC, ANDREA
STREET ADDRESS 3077 ENISGLEN DR
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE VD ☐ Change ☒ Addition
NAME Montemarano, Linda
STREET ADDRESS 719 Bonnie Blvd.
CITY-ST-ZIP Palm Harbor, FL 34684

TITLE SD ☒ Delete
NAME BUELL, KATHY
STREET ADDRESS 465 TIMBER LANE
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE SD ☐ Change ☒ Addition
NAME Garavuso, Barbara
STREET ADDRESS 2910 Ponce Ct.
CITY-ST-ZIP Holiday FL 34691

TITLE VD ☒ Delete
NAME JOHNSON, MONA
STREET ADDRESS 3976 EXECUTIVE DRIVE
CITY-ST-ZIP PALM HARBOR FL 34685

TITLE DT ☐ Change ☒ Addition
NAME Jowett, Patricia
STREET ADDRESS 954 Point Seaside Dr.
CITY-ST-ZIP Crystal Beach FL 34681

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Patricia Jowett Patricia Jowett treasurer 4-6-08 727-7899268