

N190000010799

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

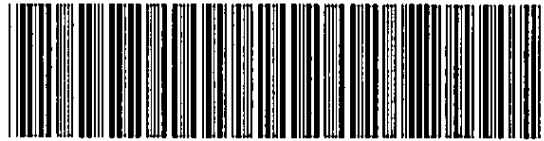
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

A. Butler

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** GFWC Nature Coast Club INC  
Name of Corporation

**DOCUMENT NUMBER:** N19000010799

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shannon H Brewer

Name of Contact Person

GFWC Nature Coast Woman's Club INC

Firm/Company

PO Box 1669

Address

New Port Richey, FL 34656-1669

City/State and Zip Code

gfwnaturecoastwc@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shannon Brewer

Name of Contact Person

at ( 727 )

645-3022

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: GEWC Nature Coast Club
2. The principal office address: PO Box 1669  
New Port Richey, FL 34656-1669
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 10/11/2019 Document number: N19000010799
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Kathy Rossi Resigned

13353 Batten Lane

Odessa, FL 33556

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Shannon H Brewer

4105 Ridgefield Ave

P.O. Box NOT acceptable

Holiday, FL 34691

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

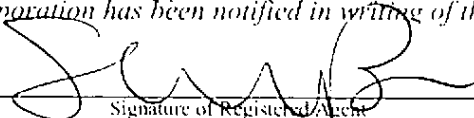
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Shannon H Brewer, President

Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
Signature of Registered Agent

07/14/2021

Date

If signing on behalf of an entity:

Shannon H Brewer

Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

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