

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N23668

1. Entity Name

GFWC ST. PETERSBURG WOMAN'S CLUB, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90176 008 ****61.25

Principal Place of Business 40 SNELL ISLE BLVD N.E. ST. PETERSBURG FL 33704 US	Mailing Address 40 SNELL ISLE BLVD N.E. ST. PETERSBURG FL 33704-3658 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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4. FEI Number 59-0582246	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HILL, DOROTHY M 6055 21ST ST N. SPT J9 ST. PETERSBURG FL 33714
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7. Name and Address of New Registered Agent Name: Fern Clayton Street Address (P.O. Box Number is Not Acceptable): 40 Snell Isle Blvd, N.E. City: St. Petersburg FL Zip Code: 33704

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.

SIGNATURE: FERN CLAYTON X	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FOGLER, ANN 14928 FEATHER COVE RD CLEARWATER FL 34622 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD STERN, BECKY KING 385 BAYVIEW DR NE ST. PETERSBURG FL 33704 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SKWAREK-BARTON, MARY 4200 14TH STREET NE ST. PETERSBURG FL 33703 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CLAYTON, FERN 1915 BAYOU GRANDE BLVD NE ST. PETERSBURG FL 33703 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BALL, LYNN 1432-50 TH AVE NE ST. PETERSBURG FL 33703 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HILL, DOROTHY 6055 21ST ST N APT J-9 ST PETERSBURG FL 33714 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Fern Clayton 40 Snell Isle Blvd., N.E. St. Petersburg, FL 33704-3658 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Ruth Trulsen 40 Snell Isle Blvd., N.E. St. Petersburg, FL 33704-3658 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Mary Wheeler 40 Snell Isle Blvd., N.E. St. Petersburg, FL 33704-3658 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Judy Meserve 40 Snell Isle Blvd., N.E. St. Petersburg, FL 33704-3658 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Rosalie Markins 40 Snell Isle Blvd., N.E. St. Petersburg, FL 33704-3658 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Joan Jaicks 40 Snell Isle Blvd., N.E. St. Petersburg, FL 33704-3658 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: FERN CLAYTON	DATE: 1/4/28/00
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CR2E037 (9/99)