

# 2004 UNIFORM BUSINESS REPORT (UBR)

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**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

03-12-2001 90426 030 \*\*\*\*61.25

**DOCUMENT # N23668**

1. Entity Name

**GFWC ST. PETERSBURG WOMAN'S CLUB, INC.**

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  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-0582246

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CLAYTON, FERN  
40 SNELL ISLE BLVD NE  
SAINT PETERSBURG FL 33704

7. Name and Address of New Registered Agent

Name

FERN CLAYTON

Street Address (P.O. Box Number is Not Acceptable)

40 Snell Isle Blvd NE

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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-25-01

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DP	NAME	FOGLER, ANN	STREET ADDRESS	14928 FEATHER COVE RD	CITY-ST-ZIP	CLEARWATER FL 34622	<input checked="" type="checkbox"/> Delete
TITLE	VPD	NAME	STERN, BECKY KING	STREET ADDRESS	385 BAYVIEW DR NE	CITY-ST-ZIP	ST. PETERSBURG FL 33704	<input checked="" type="checkbox"/> Delete
TITLE	VPD	NAME	SKWAREK-BARTON, MARY	STREET ADDRESS	4200 14TH STREET NE	CITY-ST-ZIP	ST. PETERSBURG FL 33703	<input checked="" type="checkbox"/> Delete
TITLE	VP	NAME	CLAYTON, FERN	STREET ADDRESS	1915 BAYOU GRANDE BLVD NE	CITY-ST-ZIP	ST. PETERSBURG FL 33703	<input checked="" type="checkbox"/> Delete
TITLE	S	NAME	BALL, LYNN	STREET ADDRESS	1432-50 TH AVE NE	CITY-ST-ZIP	ST. PETERSBURG FL 33703	<input checked="" type="checkbox"/> Delete
TITLE	T	NAME	HILL, DOROTHY	STREET ADDRESS	6055 21ST ST N APT J-9	CITY-ST-ZIP	ST PETERSBURG FL 33714	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	NAME	FERN CLAYTON	STREET ADDRESS	40 SNELL ISLE BLVD NE	CITY-ST-ZIP	St Petersburg, FL 33704	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	1st VP	NAME	LORI GRAMM	STREET ADDRESS	40 SNELL ISLE BLVD NE	CITY-ST-ZIP	St Petersburg, FL 33704	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	2nd VP	NAME	MARY WHEELER	STREET ADDRESS	40 SNELL ISLE BLVD NE	CITY-ST-ZIP	St Petersburg, FL 33704	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	3rd VP	NAME	JUDY MESERVE	STREET ADDRESS	40 SNELL ISLE BLVD NE	CITY-ST-ZIP	St Petersburg, FL 33704	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SECRETARY	NAME	ROSALIE MARKINS	STREET ADDRESS	40 SNELL ISLE BLVD NE	CITY-ST-ZIP	St Petersburg, FL 33704	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TREASURER	NAME	JOAN TATICKS	STREET ADDRESS	40 SNELL ISLE BLVD NE	CITY-ST-ZIP	St Petersburg, FL 33704	<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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-25-01/59-0582246

CR2E037 (10/00)