2002 UNIFORM BUSINESS REPORT (UBR) FILED May 19, 2002 8:00 am § Secretary of State **DOCUMENT # N23668** 1. Entity Name GFWC ST. PETERSBURG WOMAN'S CLUB, INC. 05-19-2002 90031 009 ****61.25 Principal Place of Business Mailing Address 40 SNELL ISLE BLVD N.E. 40 SNELL ISLE BLVD N.E. ST. PETERSBURG FL 33704 4 GATTI ST. PETERSBURG FL 33704 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-0582246 Not Applicable Zip Country Country \$8.75 Additional ___ 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CLAYTON, FERN 40 SNELL ISLE BLVD NE SAINT PETERSBURG FL 33704 City 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PTR TITLE Delete TITLE Change ☐ Addition CLAYTON, FERN NAME NAME 40 SNELL ISLE BLVD NE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG FL 33704 CITY-ST-ZIP **TVIR** ☐ Delete TITLE Addition GRAMM, LORI NAME NAME 40 SNELL ISLE BLVD NE STREET ADDRESS STREET ADDRESS SAINT-PETERSBURG FL 33704 - CITY-ST-7JP ... CITY-ST-ZIP---**2VTR** TITLE Delete TITLE WHEELER, MARY NAME NAME 40 SNELL ISLE BLVD NE STREET ADDRESS STREET ADDRESS CITY-ST-7IP SAINT PETERSBURG FL 33704 CITY-ST-ZIP 3.70V **3VIR** TITLE ☐ Delete TITLE ☐ Addition MESERVE, JUDY NAME 40 SNELL ISLE BLVD NE STREET ADDRESS STREET ADDRESS SAINT PETERSBURG FL 33704 CITY-ST-ZIP CITY-ST-ZIP STR TITLE ☐ Delete TITLE Addition MARKINS, ROSALIE NAME 40 SNELL ISLE BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIF SAINT PETERSBURG FL 33704 CITY-ST-ZIP TITLE Delete TITLE Addition JAICKS, JOAN NAME NAME STREET ADDRESS 40 SNELL ISLE BLVD NE STREET ADDRESS SAINT PETERSBURG FL 33704 CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated 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

SIGNATURE: