

DOCUMENT # N23752

1. Entity Name

THE BRANFORD WOMAN'S CLUB, INC.

Principal Place of Business

Mailing Address

HIGHWAY 27  
BRANFORD FL 32008PO BOX 1084  
BRANFORD FL 32008

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-2918163

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

Name

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

City

FL

Zip Code

SCOTT, JOHN L.  
SUWANNEE AVENUE  
BRANFORD FL 32008

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.259. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SEE, NANCY J	
STREET ADDRESS	20293 89TH RD.	
CITY-ST-ZIP	O'BRIEN FL 32071	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SMITH, FLORA	
STREET ADDRESS	RT. 2 BOX 547	
CITY-ST-ZIP	LAKE CITY FL 32055	

TITLE	D	<input type="checkbox"/> Delete
NAME	THOMPSON, JACKIE	
STREET ADDRESS	4541 256TH ST.	
CITY-ST-ZIP	O'BRIEN FL 32071	

TITLE	D	<input type="checkbox"/> Delete
NAME	WARE, DORIS	
STREET ADDRESS	100 HWY 247	
CITY-ST-ZIP	BRANFORD FL 32008	

TITLE	P	<input type="checkbox"/> Delete
NAME	VAUGHT, GRACE	
STREET ADDRESS	2950 NW 91ST LANE	
CITY-ST-ZIP	BRANFORD FL 32008	

TITLE	President	<input type="checkbox"/> Delete
NAME	Bayford, Dean	
STREET ADDRESS	P.O. Box	
CITY-ST-ZIP	Branford, Fl. 32008	

11. (Director) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Sharp, Deborah	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	134 Hickcrest Cr.	
STREET ADDRESS	Branford, Fl. 32008	
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(904)  
1/5/01 935-1882FILED  
Jan 16, 2001 8:00 am  
Secretary of State

01-16-2001 90010 038 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

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