

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90069 050 ****61.25

DOCUMENT # N24740

1. Entity Name

GFWC WOMAN'S CLUB OF HOMESTEAD, FLORIDA, INC.

Principal Place of Business

**17905 SW 292 ST
HOMESTEAD FL 33030
US**

Mailing Address

**P O BOX 900053
HOMESTEAD FL 33090-053
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6145856

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

**LOSNER, STEVEN D
65 NW 16 STR
HOMESTEAD FL 33030**

Name

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

City

FL

Zip Code

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 \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **LAWLER, GLORIA**
STREET ADDRESS **17901 SW 288TH STREET**
CITY-ST-ZIP **PRINCETON FL 33092**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **MORIS, DEBRA**
STREET ADDRESS **17250 SW 299TH STREET**
CITY-ST-ZIP **HOMESTEAD FL 33030-3326**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☒ Delete
NAME **BISSELL, FRANCES**
STREET ADDRESS **14831 LINCOLN DRIVE**
CITY-ST-ZIP **HOMESTEAD FL 33030**

TITLE ☒ Change ☐ Addition
NAME **TD Meda Jensen**
STREET ADDRESS **18640 SW 295 Terr.**
CITY-ST-ZIP **Homestead, FL 33030**

TITLE **SD** ☐ Delete
NAME **MALONE, JANICE**
STREET ADDRESS **15045 SW 297 TERRACE**
CITY-ST-ZIP **HOMESTEAD FL 33033**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **ANDERSON, CONNIE**
STREET ADDRESS **445 SW 26 DR**
CITY-ST-ZIP **HOMESTEAD FL 33033**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☒ Delete
NAME **WHITE, EVELYN**
STREET ADDRESS **32345 SW 200 CRT**
CITY-ST-ZIP **HOMESTEAD FL 33030**

TITLE ☒ Change ☐ Addition
NAME **SD Barbara Kelly**
STREET ADDRESS **1875 SE 6th Ct.**
CITY-ST-ZIP **Homestead, FL 33033**

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 #

CR2E037 (9/01)