

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90049 043 \*\*\*\*61.25

**DOCUMENT # N25418**

1. Entity Name

GFWC WOMAN'S CLUB OF OCALA, INC.



Principal Place of Business

P.O. BOX 4444  
OCALA FL 34478  
US

Mailing Address

P.O. BOX 4444  
OCALA FL 34478  
US

50012509



1st MOORE CR2E037 (10/04)

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

59-6179195

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

BERMAN, ANNE A  
1919 SE 7TH STREET  
OCALA FL 34471-4194

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRES	<input type="checkbox"/> Delete
NAME	BERMAN, ANNE A MRS	
STREET ADDRESS	1919 SE 7TH STREET	
CITY-ST-ZIP	OCALA FL 34471-4194	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	DAVISON, MARJORIE MRS.	
STREET ADDRESS	1813 SE 31ST LANE	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SCROBLE, ANGY MRS.	
STREET ADDRESS	8026 SE 126TH PLACE	
CITY-ST-ZIP	BELLEVUE FL 34420	
TITLE	PARL	<input type="checkbox"/> Delete
NAME	STICKELER, CARL ANN MRS.	
STREET ADDRESS	102 ALMOND ROAD	
CITY-ST-ZIP	OCALA FL 34472-8634	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARY ROSS	
STREET ADDRESS	1005 SE 9th AVENUE	
CITY-ST-ZIP	OCALA, FL 34471	
TITLE		<input 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		
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		

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:

*Anne A. Berman*

ANNE A. BERMAN

2/4/05

(352) 629-3633

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #