

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32516

1. Entity Name

GFWC WOMAN'S CLUB OF INVERNESS, FL., INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90095 020 ****61.25

Principal Place of Business

Mailing Address

P O BOX 1916
INVERNESS FL 34451-1916
US

P O BOX 1916
INVERNESS FL 34451-1916

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

59-2831087

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

SHULL, LUCILLE C.
2933 E. BRADLEY STREET
INVERNESS FL 34453

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 *Lucille C. Shull* **Lucille C. Shull**
TREASURER **TREASURER**

April 25, 2000
DATE

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

(NOTE: Registered Agent signature required when reinstating)

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 **VD** ☒ Delete
NAME **HEUSINGER, GERALDINE**
STREET ADDRESS **4293 E LAKE RD**
CITY-ST-ZIP **HERNANDO FL 34442**

TITLE **VD** ☒ Change ☐ Addition
NAME **PEKINS, NANCY**
STREET ADDRESS **3425 So. Crossbill Loop**
CITY-ST-ZIP **INVERNESS, FL 34450**

TITLE **VD** ☒ Delete
NAME **WISCHMEIER, CARLEDA**
STREET ADDRESS **4398 E LOIS LANE**
CITY-ST-ZIP **HERNANDO FL**

TITLE **VD** ☒ Change ☐ Addition
NAME **FAUNCE, JUANITA**
STREET ADDRESS **5027 N. PERSIMMON DR**
CITY-ST-ZIP **BEVERLY HILLS, FL 34465**

TITLE **TD** ☐ Delete
NAME **SHULL, LUCILLE C.**
STREET ADDRESS **2933 E BRADLEY ST**
CITY-ST-ZIP **INVERNESS FL 34453**

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

TITLE **SD** ☒ Delete
NAME **MACY, BERTHA**
STREET ADDRESS **7555 E ALLEN DR**
CITY-ST-ZIP **INVERNESS FL 34450**

TITLE **SD** ☒ Change ☐ Addition
NAME **PHILLIANS, FANNY**
STREET ADDRESS **1380 DOVEKIE TERR.**
CITY-ST-ZIP **INVERNESS, FL 34450**

TITLE **PD** ☒ Delete
NAME **PIERCE, FRANCES**
STREET ADDRESS **3828 E LLOYD STREET**
CITY-ST-ZIP **INVERNESS FL**

TITLE **PD** ☒ Change ☐ Addition
NAME **COWLES, LENORA**
STREET ADDRESS **8442 E. GOSPEL ISLAND RD**
CITY-ST-ZIP **INVERNESS, FL 34450**

TITLE **D** ☐ Delete
NAME **KAPPAHANN, MARGARET**
STREET ADDRESS **P O BOX 341 N/A**
CITY-ST-ZIP **FLORAL CITY FL**

TITLE ☐ Change ☐ 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: *Lucille C. Shull* **LUCILLE C. SHULL**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 25, 2000 **352-344-5345**
Date Daytime Phone #

CR2E037 (9/99)