

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32516

1. Entity Name

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

**FILED**  
May 29, 2002 8:00 am  
Secretary of State

05-29-2002 90720 040 \*\*\*\*61.25

BD122260



DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| Principal Place of Business<br>P O BOX 1916<br>INVERNESS FL 34451-1916<br>US | Mailing Address<br>P O BOX 1916<br>INVERNESS FL 34451-1916<br>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<br>59-2831087 | Applied For<br><input type="checkbox"/> Not Applicable |
|-----------------------------|--|

|   |                                |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br>SHULL, LUCILLE C.<br>2933 E. BRADLEY STREET<br>INVERNESS FL 34453 - 0680 |
|---|

|  |          |
|--|----------|
| 7. Name and Address of New Registered Agent        |          |
| 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 | (NOTE: Registered Agent signature required when reinstating) | DATE |
|-----------|--|------|

|                          |   |  |
|--------------------------|---|--|
| FILE NOW: FEE IS \$61.25 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to<br>Department of State |
|--------------------------|---|--|

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>PEKINS, NANCY<br>3425 S. CROSSBILL LOOP<br>INVERNESS FL 34450 <input checked="" type="checkbox"/> Delete      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>FAUNCE, JUANITA<br>5027 N. PERSIMMON DR<br>BEVERLY HILLS, FL 34465 <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>SHULL, LUCILLE C.<br>2933 E BRADLEY ST<br>INVERNESS FL 34453 - 0680 <input type="checkbox"/> Delete           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>PHILLIANS, FANNY<br>1380 DOVEKIE TERR<br>INVERNESS FL 34450 <input type="checkbox"/> Delete                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>COWLES, LENORA<br>8442 E. GOSPEL ISLAND RD<br>INVERNESS FL 34450 <input type="checkbox"/> Delete              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>KAPPAH, MARGARET<br>P O BOX 341 N/A<br>FLORAL CITY FL <input type="checkbox"/> Delete                          |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VD<br>VERNINA GRAY<br>2322 HERCULA LANE<br>HERNANDO, FL 34442 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VD<br>BEVERLY BLACK<br>8709 E. SANDPIPER DR.<br>INVERNESS, FL 34450 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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: <u>SIGNATURE GEE Shallo</u>                             | 5/15/02 | 352-344-5345    |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date    | Daytime Phone # |

CR2E037 (9/01)