

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90005 036 ****70.00

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DOCUMENT # N32516 1. Entity Name GFWC WOMAN'S CLUB OF INVERNESS, FL., INC.					
Principal Place of Business P O BOX 1916 INVERNESS, FL 34451-1916 US			Mailing Address P O BOX 1916 INVERNESS, FL 34451-1916 US		
2. Principal Place of Business 1715 FOREST DRIVE Suite, Apt. #, etc.		3. Mailing Address P O Box 1916 Suite, Apt. #, etc.			
City & State INVERNESS FL		City & State INVERNESS FL		4. FEI Number 59-2831087	
Zip US		Zip 34451-1916		Country US	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SHULL, LUCILLE C. 2933 E. BRADLEY STREET INVERNESS, FL 34453			7. Name and Address of New Registered Agent Name Mildred B. MARTIN Street Address (P.O. Box Number is Not Acceptable) 1250 E WHIRLAWAY CIRCLE City INVERNESS FL 34453		
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 <u><i>Mildred B. Martin, Treasurer</i></u> 2/9/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VERNINA, GARY 2322 HER COLA LANE HERNANDO, FL 34442	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VERNINA GRAY 211 E Rockefeller Lane Hernando FL 34442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BLACK, BEVERLY 8709 E SANDPIPER DR. INVERNESS, FL 34450	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHULL, LUCILLE C. 2933 E BRADLEY ST INVERNESS, FL 34453	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Mildred B. MARTIN 1250 E WHIRLAWAY CIRCLE INVERNESS FL 34453
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PHILLIANS, FANNY 1380 DOVEKIE TERR INVERNESS, FL 34450	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COWLES, LENORA 8442 E. GOSPEL ISLAND RD INVERNESS, FL 34450	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAPPAH, MARGARET 8539 S LAKESHORE PT FLORAL CITY, FL 34436	<input type="checkbox"/> Delete		<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><i>Mildred B. Martin</i></u> 2/9/04 352-637-6037 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					