

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90078 015 ****70.00

DOCUMENT # N32516

1. Entity Name

GWFC 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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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

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

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

SIGNATURE

Lucille C. Shull

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/3/03

FILE NOW: FEE IS \$61.25

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

TITLE	VD	<input type="checkbox"/> Delete
NAME	VERNINA, GARY	
STREET ADDRESS	2322 HER COLA LANE	
CITY-ST-ZIP	HERNANDO FL 34442	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BLACK, BEVERLY	
STREET ADDRESS	8709 E SANDPIPER DR.	
CITY-ST-ZIP	INVERNESS FL 34450	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SHULL, LUCILLE C.	
STREET ADDRESS	2933 E BRADLEY ST	
CITY-ST-ZIP	INVERNESS FL 34453	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PHILLIANS, FANNY	
STREET ADDRESS	1380 DOVEKIE TERR	
CITY-ST-ZIP	INVERNESS FL 34450	
TITLE	PD	<input type="checkbox"/> Delete
NAME	COWLES, LENORA	
STREET ADDRESS	8442 E. GOSPEL ISLAND RD	
CITY-ST-ZIP	INVERNESS FL 34450	
TITLE	D	<input type="checkbox"/> Delete
NAME	KAPPAHANN, MARGARET	
STREET ADDRESS	P O BOX 341 N/A	
CITY-ST-ZIP	FLORAL CITY FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	8539 S. LAKE SHORE PT.
CITY-ST-ZIP	FLORAL CITY, FL 34436

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, TREAS.*
SIGNATURE REQUIRED

1/3/03 *352-344-5345*

CR2E037 (10/02)