

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90043 020 ****61.25

DOCUMENT # N35401

1. Entity Name

GFWC WOMAN'S CLUB OF BEVERLY HILLS INC.



Principal Place of Business

**867 W. SUNSET STRIP DR.
BEVERLY HILLS FL 34465
US**

Mailing Address

**P.O. BOX 640505
BEVERLY HILLS FL 34465
US**

2. Principal Place of Business

209 S DeSoto St

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 640505

Suite, Apt. #, etc.

City & State

Beverly Hills, FL

City & State

Beverly Hills, FL

Zip

34465

Country

US

Zip

34464

Country

US

4. FEI Number

59-2796447

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NIEVINSKI, CAROL
867 W. SUNSET STRIP DR
BEVERLY HILLS FL 34405**

7. Name and Address of New Registered Agent

Name

Joan Burnett

Street Address (P.O. Box Number is Not Acceptable)

209 S. DeSoto ST.

City

Beverly Hills,

FL

Zip Code

34465

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: *Joan Burnett*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/15/04

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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	PD	<input checked="" type="checkbox"/> Delete
NAME	PINKSTON, MARGUERITE	
STREET ADDRESS	106 S MONROE ST	
CITY-ST-ZIP	BEVERLY HILLS FL 34465	
TITLE	2VD	<input checked="" type="checkbox"/> Delete
NAME	HUTCHINSON, DORIS	
STREET ADDRESS	17 S WARDSWORTH AVE	
CITY-ST-ZIP	BEVERLY HILLS FL 34465	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MAIWAID, JANE	
STREET ADDRESS	4 N DESOTO ST	
CITY-ST-ZIP	BEVERLY HILLS FL 34465	
TITLE	CSD	<input type="checkbox"/> Delete
NAME	BURNETT, JOANS	
STREET ADDRESS	209 S. DESOTO ST	
CITY-ST-ZIP	BEVERLY HILLS FL 34465	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	1VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lyn Colbert	
STREET ADDRESS	4759 Crestline Dr.	
CITY-ST-ZIP	Beverly Hills, FL 34465	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	2VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hanna Templin	
STREET ADDRESS	3962 N. Tamarick Pt.	
CITY-ST-ZIP	Beverly Hills, FL 34465	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lucy Murphy	
STREET ADDRESS	5253 W. Wichita Dr.	
CITY-ST-ZIP	Beverly Hills, FL 34465	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joan Burnett	
STREET ADDRESS	209 S Desoto St., Beverly Hills, FL 34465	
CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Patricia Chilton	
STREET ADDRESS	915 W. Starjasmine Pl	
CITY-ST-ZIP	Beverly Hills, FL 34465	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	CSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bonnie Clark	
STREET ADDRESS	4451 N. Bercall Loop, Bev. Hills, FL 34465	
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: *Patricia Chilton*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/2004 352-527-7010

Date

Daytime Phone #