

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90092 013 ****61.25

DOCUMENT # N35863 1. Entity Name GFWC CLEARWATER JUNIOR WOMAN'S CLUB, INC.					
Principal Place of Business P O BOX 14554 CLEARWATER, FL 33766 US			Mailing Address P O BOX 14554 CLEARWATER, FL 33766 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KAGAN, MARILYN 2395 FLINT LOCK DR. CLEARWATER, FL 33765			7. Name and Address of New Registered Agent Name Donna Martin Springer Street Address (P.O. Box Number is Not Acceptable) 4981 Turtle Creek Trail City Oldsmar FL Zip Code 34677		
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 <i>Donna Martin Springer</i> Donna Martin Springer 4/13/04 <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	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD ROBSON, JEANETTE <input checked="" type="checkbox"/> Delete 1805 WEATHERSTONE DR. SAFETY HARBOR, FL 34695				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P <input checked="" type="checkbox"/> Delete STEIN, CATHY 760 GLENGARY LANE PALM HARBOR, FL 34683				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD <input type="checkbox"/> Delete PADAVICH, MARIE <input type="checkbox"/> Delete 907 KINGSCOTE CT. SAFETY HARBOR, FL 34695				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD <input checked="" type="checkbox"/> Delete KAGAN, MARILYN 2395 FLINT LOCK DR. CLEARWATER, FL 33763				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD <input checked="" type="checkbox"/> Delete STITT, DEBORAH 2643 CYPRESS BEND CLEARWATER, FL 33761				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD <input type="checkbox"/> Delete NICKERSON, NADINA 280 TUCKER ST. SAFETY HARBOR, FL 34695				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Barbara Hajko 1110 Cheshire Ct. Safety Harbor, FL 34695					
VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Randi Canfield 211 North Bay Hills Blvd. Safety Harbor, FL 34695					
P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Padavich, Marie same address					
TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Donna Martin Springer 4981 Turtle Creek Trail Oldsmar FL 34677					
SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Donna Watts 2656 McMullen Booth Rd. # 225 Clearwater, FL 33761					
VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Nickeson, Nadine (correct name spelling)					
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: <i>Donna Martin Springer</i> Donna Martin Springer 4/13/04 727-789-8723 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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