

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

FILED
Mar 31, 2003 8:00 am
Secretary of State
03-31-2003 90155 018 ****61.25

DOCUMENT # N35863

1. Entity Name
GWFC 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **NOT APPLICABLE**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KAGAN, MARILYN
2395 FLINT LOCK DR.
CLEARWATER FL 33765**

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

Marilyn Kagan

3/24/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WADLEY, CAROLYN	
STREET ADDRESS	109 JASMINE CIRCLE	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ENGLER, LORI	
STREET ADDRESS	1429 RIDGE SHORE DRIVE	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PADAVICH, MARIE	
STREET ADDRESS	907 KINGSCOTE CT.	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KAGAN, MARILYN	
STREET ADDRESS	2395 FLINT LOCK DR.	
CITY-ST-ZIP	CLEARWATER FL 33763	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BOYLAN, SHANNON	
STREET ADDRESS	1144 ROLLING OAK AVE.	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LEMASTER, JANIS	
STREET ADDRESS	1360 EDMONTON DR.	
CITY-ST-ZIP	CLEARWATER FL 33756	

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeanette Robson	
STREET ADDRESS	1805 Weatherstone Dr.	
CITY-ST-ZIP	Safety Harbor, 34695	
TITLE	Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cathy Stein	
STREET ADDRESS	760 Glengary Lane	
CITY-ST-ZIP	Palm, Harbor, 34683	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Deborah Stitt	
STREET ADDRESS	2643 Cypress Bend	
CITY-ST-ZIP	Clearwater, 33761	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nadine Nickerson	
STREET ADDRESS	280 Tucker St.	
CITY-ST-ZIP	Safety Harbor 34695	

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:

Marilyn Kagan

3/24/03 727-791-1789

CR2E037 (10/02)