

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37977

1. Entity Name

GFWC WOMAN'S CLUB OF WEST BROWARD, INC.

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90041 025 ****61.25

Principal Place of Business

Mailing Address

2001 NW 82 AVE
PEMBROKE PINES FL 33024
US

2001 NW 82 AVE
PEMBROKE PINES FL 33024
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

65-0201214

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOYD, LINDA
2001 NW 82 AVE
PEMBROKE PINES FL 33024

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.

SIGNATURE

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD ☐ Delete
NAME PAYNE, BEVERLY
STREET ADDRESS 2790 OLD ORCHARD RD
CITY-ST-ZIP DAVIE FL 33328

TITLE VP D ☒ Change ☐ Addition
NAME Same
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☒ Delete
NAME CULVER, DOLORES
STREET ADDRESS 949 SW 149 TER
CITY-ST-ZIP SUNRISE FL

TITLE YPD ☐ Change ☒ Addition
NAME Peebles, Vera
STREET ADDRESS 220 Torchwood Ave
CITY-ST-ZIP Plantation, FL 33324

TITLE D ☐ Delete
NAME BOYD, LINDA
STREET ADDRESS 2001 NW 82 AVE
CITY-ST-ZIP PEMBROKE PINES FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☒ Delete
NAME ABRAMS, CLAUDETTE H
STREET ADDRESS 5212 MONROE ST
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE T D ☐ Change ☒ Addition
NAME Barr, Margo
STREET ADDRESS 13323 SW 40 St
CITY-ST-ZIP Davie, FL 33330

TITLE VPD ☐ Delete
NAME GOGGIN, JUDY
STREET ADDRESS 2020 N.W. 82 AVE
CITY-ST-ZIP PEMBROKE PINES FL 33024

TITLE P D ☒ Change ☐ Addition
NAME Same
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☒ Delete
NAME GANT, BARBARA
STREET ADDRESS 1031 N.W. 110 AVE
CITY-ST-ZIP PLANTATION FL 33322

TITLE S D ☐ Change ☒ Addition
NAME McCluney, Heidi
STREET ADDRESS 1121 SW 127 Terr
CITY-ST-ZIP Davie, FL 33325

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: MARGO BARR (Margo Barr)

2-13-02

954-472-6745

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)