

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

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91021 035 ****70.00

DOCUMENT # N48022

1. Entity Name

EAU GALLIE WOMAN'S CLUB, INC.



Principal Place of Business

% ST. TIMOTHY LUTHERAN CHURCH
1903 CROTON ROAD
MELBOURNE FL 32935
US

Mailing Address

POST OFFICE BOX 1334
MELBOURNE FL 32901-1334
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WHETZEL, VIOLA
650 E STRAWBRIDGE AVE
MELBOURNE FL 32-9015

7. Name and Address of New Registered Agent

Name

CRITTENDEN, JO

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

2290 GRAND TETON BLVD

City

MELBOURNE

FL

Zip Code

32935

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

Jo Crittenden PD

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

(NOTE: Registered Agent signature required when reinstating)

4-20-04

DATE

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 VPD
NAME WHETZEL, VIOLA ☒ Delete
STREET ADDRESS 650 E STRAWBRIDGE AVE
CITY-ST-ZIP MELBOURNE FL 32901

TITLE
NAME EVELYN, JOYCE M ☐ Delete
STREET ADDRESS 1803 LADDERBACK CT
CITY-ST-ZIP VIERA FL 32955

TITLE PD
NAME CUMMINGS, MARJORIE ☐ Delete
STREET ADDRESS 411 NIBLICK STREET
CITY-ST-ZIP MELBOURNE FL 32901

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☒ Addition
NAME CRITTENDEN, JO
STREET ADDRESS 2290 GRAND TETON BLVD
CITY-ST-ZIP MELBOURNE FL 32935

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

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

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

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

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
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:

Joyce M Evelyn

JOYCE M. EVELYN

4/20/04

321-633-4672

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #