

2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 18, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N49082**

1. Entity Name  
GFWC PLANT CITY JUNIOR WOMAN'S CLUB, INC.



Principal Place of Business

1110 N WHEELER  
PLANT CITY, FL 33566

Mailing Address

P.O. BOX 1466  
PLANT CITY, FL 33564-1466



04112007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-0225188

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

SMITH, JODI  
2903 ASTON AVE  
PLANT CITY, FL 33566

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating.)

DATE \_\_\_\_\_

Filing Fee is \$61.25  
Due by May 1, 2007

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
JONES, MELISSA  
3916 CREEK WOODS DRIVE  
PLANT CITY, FL 33567

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
SMITH, JODI  
2903 ASTON AVE  
PLANT CITY, FL 33566

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
MISSILDINE, TRACEE  
6009 STAFFORED RD.  
PLANT CITY, FL 33566

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
STURGIS, RACQUEL  
7002 CRIPPLE CREEK RD  
PLANT CITY, FL 33566

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
DUSSE, SHERI  
4107 ELLIOT PLACE  
PLANT CITY, FL 33566

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
WITT, KIM  
1006 TERRACE DR.  
PLANT CITY, FL 33566

U00000714404  
04/27/07-80022-004 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-12-07 8137578574