

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2001 8:00 am
Secretary of State

02-15-2001 90007 034 ****61.25

DOCUMENT # N50858

1. Entity Name

GFWC SEMORAN JR. WOMEN'S CLUB, INC.

Principal Place of Business

175 NANDINA TERRACE
WINTER SPRINGS FL 32708
US

Mailing Address

175 NANDINA TERRACE
WINTER SPRINGS FL 32708
US

31350



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

134 NANDINA TERRACE
Suite, Apt. #, etc.

3. Mailing Address

134 NANDINA TERRACE
Suite, Apt. #, etc.

City & State

WINTER SPRINGS, FL

City & State

WINTER SPRINGS, FL

4. FEI Number

59-1614043

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

WEEKS, MARY
159 NANDINA TERR
WINTER SPRINGS FL 32708

7. Name and Address of New Registered Agent

Name

SARAH FAUGHNAN

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

142 NANDINA TERRACE

City

WINTER SPRINGS

FL

Zip Code

32708

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

Sarah E. Faughnan SARAH E. FAUGHNAN, President 2-5-01
 Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when re-stating) 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

TITLE DP ☐ Delete
 NAME WEEKS, MARY
 STREET ADDRESS 159 NANDINA TERR
 CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE DS ☐ Delete
 NAME ZEDO, PATTI
 STREET ADDRESS 513 LAKE CHARM CT
 CITY-ST-ZIP OVIEDO FL 32785

TITLE DT ☐ Delete
 NAME OLAVARRIA, DONNA
 STREET ADDRESS 1547 S LYONS CT
 CITY-ST-ZIP OVIEDO FL 32785

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PRESIDENT ☒ Change ☐ Addition
 NAME SARAH FAUGHNAN DP
 STREET ADDRESS 142 NANDINA TERRACE
 CITY-ST-ZIP WINTER SPRINGS, FL 32708

TITLE SECRETARY ☒ Change ☐ Addition
 NAME LINDA MORSE DS
 STREET ADDRESS 222 NANDINA TERRACE
 CITY-ST-ZIP WINTER SPRINGS, FL 32708

TITLE TREASURER ☒ Change ☐ Addition
 NAME ANGELICA JENSEN DT
 STREET ADDRESS 134 NANDINA TERRACE
 CITY-ST-ZIP WINTER SPRINGS, FL 32708

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

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

TITLE ☐ Change ☐ Addition
 NAME
 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:

Angelica Jensen ANGELICA JENSEN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-01

407-977-2231

Date

Daytime Phone #

CR2E037 (10/00)