

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

FILED
Feb 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N92000000083

1. Entity Name

GFWC MILTON WOMAN'S CLUB, INC.



Principal Place of Business

6863 OAK ST.
MILTON FL 32570

Mailing Address

5963 HAPPY HOLLOW DR
MILTON FL 32570
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-2428941

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAXLEY, DELORES L
5963 HAPPY HOLLOW DR
MILTON FL 32570

7. Name and Address of New Registered Agent

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

Delores L. Baxley
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when retaxing)

01/24/04
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 P
NAME LOCHAUSEN, PAT
STREET ADDRESS 1111 BERRY HILL RD.
CITY-ST-ZIP MILTON FL 32570 ☐ Delete

TITLE DV
NAME LONG, PATTI
STREET ADDRESS 3424 NICHOLSON ESTATES ROAD
CITY-ST-ZIP PACE FL 32571 ☐ Delete

TITLE DS
NAME GRAFTON, KITTY
STREET ADDRESS 5963 HAPPY HOLLOW DR
CITY-ST-ZIP MILTON FL ☐ Delete

TITLE DT
NAME BAXLEY, DELORES L
STREET ADDRESS 5963 HAPPY HOLLOW DR
CITY-ST-ZIP MILTON FL 32570 ☐ Delete

TITLE CV
NAME RAPPA, CAROL
STREET ADDRESS 5502 ROWELL ROAD
CITY-ST-ZIP MILTON FL 32583 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
U000000029270
02/04/04-80058-014 61.25

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

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

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

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: *Delores L. Baxley* *Delores L. Baxley* *01/24/04*