



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 20, 2005 8:00 am**  
**Secretary of State**

05-20-2005 90032 022 \*\*\*\*61.25

<b>DOCUMENT # N92000000083</b> 1. Entity Name <b>GFWC MILTON WOMAN'S CLUB, INC.</b>					
Principal Place of Business <b>6863 OAK ST. MILTON, FL 32570</b>			Mailing Address <b>5963 HAPPY HOLLOW DR MILTON, FL 32570 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>4675 GERI ST</b> Suite, Apt. #, etc.		  04182005    Chg-NP    CR2E037 (10/03)	
City & State		<b>MILTON, FL.</b> City & State			
Zip		<b>32583</b>			
Country		<b>SANTA ROSA</b>			
4. FEI Number <b>59-2428941</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>BAXLEY, DELORES L</b> <b>5963 HAPPY HOLLOW DR</b> <b>MILTON, FL 32570</b>  <b>M. L. "PAT" LOCHAKSEN</b>				7. Name and Address of New Registered Agent Name <b>M. L. "PAT" LOCHAKSEN</b> Street Address (P.O. Box Number is Not Acceptable) <b>4675 GERI ST</b> <b>MILTON</b> City <b>FL</b> Zip Code <b>32583</b>	
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 <b>M. L. "PAT" LOCHAKSEN</b> <i>M. L. "Pat" Lochaksen</i> <b>4-28-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOCHAKSEN, PAT 1111 BERRY HILL RD. MILTON, FL 32570	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>JOY CAMPBELL</b> <b>3901 REEDER ROAD</b> <b>JAY, FL 32565</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LONG, PATTI 3424 NICHOLSON ESTATES ROAD PACE, FL 32571	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1st VICE PRESIDENT</b> <b>CAROLE SHECKART</b> <b>3741 CORNERBROOK DR.</b> <b>PACE, FL 32571</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GRAFTON, KITTY 5963 HAPPY HOLLOW DR MILTON, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BAXLEY, DELORES L 5963 HAPPY HOLLOW DR MILTON, FL 32570	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER</b> <b>PAT LOCHAKSEN</b> <b>4675 GERI ST.</b> <b>MILTON, FL. 32583</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CV RAPPA, CAROL 5502 ROWELL ROAD MILTON, FL 32583	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2ND VICE PRESIDENT</b> <b>PAULA LOU MAPOLES</b> <b>7150 PRINTERS ALLEY</b> <b>MILTON, FL. 32583</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <b>M. L. "PAT" LOCHAKSEN</b> <i>M. L. "Pat" Lochaksen</i> <b>4-28-05 (850) 626-4450</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					