

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-03-2007 90009 031 ****61.25

DOCUMENT # N92000000083

1. Entity Name

GFWC MILTON WOMAN'S CLUB, INC.



Principal Place of Business

6863 OAK ST.
MILTON FL 32570

Mailing Address

4675 GERI ST
MILTON FL 32583
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

LOCHAKSEN, M.L.
4675 GERI ST
MILTON FL 32583

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

M. L. LOCHAKSEN

4-15-07

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

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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 NAME STREET ADDRESS CITY- ST- ZIP	P CAMPBELL, JOY 3901 REEDER RD JAY FL 32565	☒ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	1VP SHECKART, CAROLE 3741 CORNERBROOK DR PACE FL 32571	☒ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DS GRAFTON, KITTY 5963 HAPPY HOLLOW DR MILTON FL	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T LOCHAKSEN, PAT 4675 GERI ST MILTON FL 32583	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	2VP MAPOLES, PAULA L 7150 PRINTERS ALLEY 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	PAULA MAPOLES 7150 PRINTERS ALLEY MILTON, FL 32583	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Cecile STEPHENSA 5350 YOPON DRIVE MILTON, FL 32570	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DELORES Toole 3018 N 25th Ave MILTON, FL 32583	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

M. L. LOCHAKSEN

3-26-07 (850) 626-4450

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #