

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 18, 2003 8:00 am**  
**Secretary of State**  
08-18-2003 90162 012 \*\*\*\*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

**3424 NICHOLSON ESTATES ROAD  
PACE FL 32571  
US**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

**5963 Happy Hollow Dr**

Suite, Apt. #, etc.

City & State

**MILTON, FL**

Zip

Country

**32570**

Country

**USA**

4. FEI Number **59-2428941**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required



☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**LONG, PATTI  
3424 NICHOLSON ESTATES ROAD  
PACE FL 32571**

7. Name and Address of New Registered Agent

Name **Delores L. Baxley**

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

**5963 Happy Hollow Dr**

City

**MILTON**

FL

Zip Code

**32570**

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

(NOTE: Registered Agent signature required when reinstating)

**08/14/03**  
DATE

**FILE NOW: FEE IS \$61.25  
After September 10, 2003, min will be \$236.25**

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** ☐ Delete  
NAME **LOCHAUSEN, PAT**  
STREET ADDRESS **1111 BERRY HILL RD.**  
CITY-ST-ZIP **MILTON FL 32570**

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

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

TITLE **DT** ☒ Delete  
NAME **LONG, PATTI**  
STREET ADDRESS **3424 NICHOLSON ESTATES ROAD**  
CITY-ST-ZIP **PACE FL 32571**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☒ Addition  
NAME **DT Baxley, Delores L.**  
STREET ADDRESS **5963 Happy Hollow Dr**  
CITY-ST-ZIP **MILTON, FL 32570**

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: **SIGNATURE REQUIRED** **Delores L. Baxley, Treasurer** **08/15/03** **850-623-9051**

CR2E037 (4/03)