

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

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90085 050 ****61.25

DOCUMENT # N93000004719

1. Entity Name

G.F.W.C. WOMAN'S CLUB OF DUNNELLON, INC.



Principal Place of Business

P.O. BOX 1632
DUNNELLON FL 34430

Mailing Address

P.O. BOX 1632
DUNNELLON FL 34430

34033401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3212065

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HULBERT, EDYTHE
8660 S W 205 CIRCLE
DUNNELLON FL 34431

7. Name and Address of New Registered Agent

Name JOAN E. DENEAU
Street Address (P.O. Box Number is Not Acceptable)
8390 SW 200 CT
City DUNNELLON FL Zip Code 34431

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 JOAN E. DENEAU Joan E. Deneau, TREASURER APR 14, 2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 | D | <input type="checkbox"/> Delete |
| NAME | HULBERT, EDYTHE | |
| STREET ADDRESS | 8660 S W 205 CIRCLE | |
| CITY-ST-ZIP | DUNNELLON FL 34431 | |
| TITLE | P | <input checked="" type="checkbox"/> Delete |
| NAME | MANION, DOROTHY | |
| STREET ADDRESS | 20460 SW 93RD LANE | |
| CITY-ST-ZIP | DUNNELLON FL 34431 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | AUSTIN, ANN | |
| STREET ADDRESS | 11885-A RAINBOW GARDEN CIRCLE | |
| CITY-ST-ZIP | DUNNELLON FL 34432 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | DENEAU, JOAN E | |
| STREET ADDRESS | 8390 SW 200 CT | |
| CITY-ST-ZIP | DUNNELLON FL 34431 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--------------------------|--|
| TITLE | PRESIDENT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | GRACE MCDANIEL | |
| STREET ADDRESS | 19781 SW 88TH PLACE ROAD | |
| CITY-ST-ZIP | DUNNELLON, FL 34432 | |
| TITLE | RECORDING SECRETARY | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DEBRA MANION | |
| STREET ADDRESS | 2398 SW 189 AVE | |
| CITY-ST-ZIP | DUNNELLON, FL 34432 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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: Joan E. Deneau JOAN E. DENEAU APR 14, 2004 489-5733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #