

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

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90443 040 *****70.00

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1. Entity Name

G.F.W.C. OCALA JUNIOR WOMAN'S CLUB, INC.



Principal Place of Business

P.O. BOX 854
OCALA FL 34478

Mailing Address

P.O. BOX 854
OCALA FL 34478

2. Principal Place of Business

3. Mailing Address

P.O. Box 854

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ocala, FL 34478

Zip

Country

Zip

34478

Country

USA

4. FEI Number **59-3238523**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOUCHER, CINDY
2790 NE 42ND PLACE
OCALA FL 34474**

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☐ Delete
NAME **MILLER, CHRISTINA**
STREET ADDRESS **P.O. BOX 854**
CITY-ST-ZIP **OCALA FL 34478**

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

TITLE **PD** ☐ Delete
NAME **SCHROEDER, LISA**
STREET ADDRESS **2816 SW 19TH CT**
CITY-ST-ZIP **OCALA FL 34474**

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

TITLE **SD** ☐ Delete
NAME **MEADOWS, KRISSY**
STREET ADDRESS **13 PECAN RUN**
CITY-ST-ZIP **OCALA FL 34472**

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

TITLE **TD** ☐ Delete
NAME **BOUCHER, CINDY**
STREET ADDRESS **2790 NE 42ND PLACE**
CITY-ST-ZIP **OCALA FL 34479**

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

TITLE **PD** ☐ Delete
NAME **STERN, PAM**
STREET ADDRESS **2001 SW 5TH AVE**
CITY-ST-ZIP **OCALA FL 34474**

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

TITLE ☐ Delete
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:

PAM STERN

5/15/03

352-368-7607

CR2E037 (10/02)