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

FILED
May 28, 2002 8:00 am
Secretary of State
04-29-2002 90125 021 ****61.25

DOCUMENT # N94000002581

1. Entity Name
GFWC SUN RIDGE JUNIOR WOMEN'S CLUB, INC.

DO NOT WRITE IN THIS SPACE

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
243 E. Lake Avenue Suite, Apt. #, etc.	PO Box 1904 Suite, Apt. #, etc.
City & State: Auburndale FL	City & State: Auburndale FL
Zip: 33823 Country: POLK	Zip: 33823 Country: POLK

4. FEI Number: 04-3637846 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Brenda Hancock

Street Address (P.O. Box Number is Not Acceptable): 108 Van Fleet Ct.

City: Auburndale FL Zip Code: 33823

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	President	TITLE	
NAME	Dawn Andrews D	NAME	
STREET ADDRESS	PO Box 1376	STREET ADDRESS	
CITY-ST-ZIP	Auburndale FL 33823 D	CITY-ST-ZIP	
TITLE	Vice President	TITLE	
NAME	Terri Surrency D	NAME	
STREET ADDRESS	1 Pine Run	STREET ADDRESS	
CITY-ST-ZIP	Haines City, FL 33844 D	CITY-ST-ZIP	
TITLE	Vice President	TITLE	
NAME	Janet Stala	NAME	
STREET ADDRESS	209 Granada Rd D	STREET ADDRESS	**DO NOT WRITE**
CITY-ST-ZIP	Auburndale, FL 33823	CITY-ST-ZIP	
TITLE	Secretary	TITLE	**IN THIS SPACE**
NAME	Linda Key	NAME	
STREET ADDRESS	P.O. Box 1127	STREET ADDRESS	
CITY-ST-ZIP	Auburndale, FL 33823 D	CITY-ST-ZIP	
TITLE	Treasurer	TITLE	
NAME	Alice Rodriguez	NAME	
STREET ADDRESS	1650 Tyner Rd	STREET ADDRESS	
CITY-ST-ZIP	Haines City, FL 33844 D	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Dawn Andrews Dawn Andrews 4-15-02 863-606-9003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #