

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N94000002581**

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



Principal Place of Business  
**243 E. LAKE AVENUE  
AUBURNDALE, FL 33823**

Mailing Address  
**PO BOX 1904  
AUBURNDALE, FL 33823**



02062007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**04-3637846**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**HANCOCK, BRENDA  
196 NEWBERN CIRCLE  
AUBURNDALE, FL 33823**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
LINDELL, JENNIFER  
181 BERGEN CIRCLE  
AUBURNDALE, FL 33823**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
HANCOCK, BRENDA  
196 NEWBERN CIRCLE  
AUBURNDALE, FL 33823**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
KEY, LINDA  
PO BOX 1127  
AUBURNDALE, FL 33823**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000628742  
02/16/07-80029-008 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:** Brenda Hancock Brenda Hancock 2-6-07 863-967-3557  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #