

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

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90356 033 ****61.25

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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**

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 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
108 VAN FLEET COURT
AUBURNDALE FL 33823**

7. Name and Address of New Registered Agent

Name *N/A*

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 ☐ **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ANDREWS, DAWN	
STREET ADDRESS	PO BOX 1378	
CITY-ST-ZIP	AUBURNDALE FL 33823	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	SURRENCY, TERRI	
STREET ADDRESS	1 PINE RUN	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KEY, LINDA	
STREET ADDRESS	PO BOX 1127	
CITY-ST-ZIP	AUBURNDALE FL 33823	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, ALICE	
STREET ADDRESS	1650 TYNER RD.	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HALL, SANDRA	
STREET ADDRESS	1229 KEYSTONE CT	
CITY-ST-ZIP	AUBURNDALE FL 33823	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERRI SURRENCY	
STREET ADDRESS	1 Pine Run	
CITY-ST-ZIP	HAINES CITY, FL 33844	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jennifer Lindell	
STREET ADDRESS	181 Berger Circle	
CITY-ST-ZIP	Auburndale, FL 33823	
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: SIGNATURE REQUIRED

4/14/03

863-439-0811

CR2E037 (10/02)