

2002 UNIFORM BUSINESS REPORT (UBR)

5/2

FILED
Jun 25, 2002 8:00 am
Secretary of State

05-29-2002 90683 021 ****61.25

DOCUMENT # N95000003636

1. Entity Name

GWFC WILLISTON WOMAN'S CLUB, INC.

Principal Place of Business

1049 N.E. 6TH BLVD.
WILLISTON FL 32696

Mailing Address

P.O. BOX 183
WILLISTON FL 32696

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

59-3144638

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

CASON, MARION
1021 S.E. 8TH STREET
WILLISTON FL 32696

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.

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
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **CASON, MARION G**
STREET ADDRESS **1021 SE 8TH ST**
CITY-ST-ZIP **WILLISTON FL 32696**

TITLE **President PD** ☒ Change ☒ Addition
NAME **Philpott, Brenda**
STREET ADDRESS **P.O. Box 68**
CITY-ST-ZIP **Williston, FL 32696**

TITLE **VD** ☒ Delete
NAME **MESSAROS, LINDA**
STREET ADDRESS **2650 NE 185TH AVE**
CITY-ST-ZIP **WILLISTON FL 32696**

TITLE **Vice President VD** ☒ Change ☒ Addition
NAME **Summers, Terry**
STREET ADDRESS **13350 NE 60th Street**
CITY-ST-ZIP **Williston, FL 32696**

TITLE **SD** ☒ Delete
NAME **SUMMERS, TERRY**
STREET ADDRESS **13350 NE 60TH STREET**
CITY-ST-ZIP **WILLISTON FL 32696**

TITLE **Secretary SD** ☒ Change ☒ Addition
NAME **Diero, Karen**
STREET ADDRESS **751 NE 131 Terrace**
CITY-ST-ZIP **Williston, FL 32696**

TITLE **TD** ☒ Delete
NAME **OWENS, SYLVIA**
STREET ADDRESS **14751 E LEVY ST**
CITY-ST-ZIP **WILLISTON FL 32696**

TITLE **Treasurer** ☒ Change ☒ Addition
NAME **Leland, Winona**
STREET ADDRESS **14020 NW 160 Avenue**
CITY-ST-ZIP **Williston, FL 32696**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Signature and Typed or Printed Name of Signing Officer or Director

5/20/02

Date

(352) 401 5385

Daytime Phone #

CR2E037 (9/01)