2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State
04-09-2004 90065 002 ****61.25

DOCUMENT # N95000003636

1. Entity Name
GFWC WILLISTON WOMAN'S CLUB, INC.

Principal Place of Business	Mailing Address
1049 N.E. 6TH BLVD. WILLISTON, FL 32696	P.O. BOX 183 WILLISTON, FL 32696

01052004 Chg-NP CR2E037 (10/03)

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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2004

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SUMMERS, TERRY 13350 NE 60 ST WILLISTON, FL 32696	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Summers, Terry 13350 NE 60 St Williston, FL 32696	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD OLCRO, KAREN 751 NE 131 TERRACE WILLISTON, FL 32696	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD<br~~Neell~~ Boyd, Nellie 422 SE 2nd St Williston, FL 32696	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ETHERIDGE, NANCY 14471 NE 20 TH ST WILLISTON, FL 32696	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Bowman, Nancy 310 NW 1st St. Williston, FL 32696	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD OTERO, KAREN 751 NE 131 TERRACE WILLISTON, FL 32696	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Robinson, Marguerite 611 SE 1st St Williston, FL 32696	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Nancy Etheridge Nancy Etheridge 4-7-04 352-528-2565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #