2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2006 08:00 AM
Secretary of State

DOCUMENT # N95000004700

1. Entity Name
GFWC JUNIOR WOMAN'S CLUB OF FT. MEADE, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 495 NORTH CHARLESTON AVENUE FT. MEADE, FL 33841	POST OFFICE BOX 495 NORTH CHARLESTON AVENUE FT. MEADE, FL 33841

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07192006 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3344511
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FROST, JOHN W II, ESQ
FROST, O'TOOLE & SAUNDERS, P.A.
395 SOUTH CENTRAL AVENUE
BARTOW, FL 33830

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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 September 6, 2006

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

U00000572300
07/25/06-80025-001 61.25

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	HARRELL, DENISE
STREET ADDRESS	113 N.E. 7TH STREET
CITY-ST-ZIP	FT. MEADE, FL 33841
TITLE	DV
NAME	GRAVES, BEVERLY
STREET ADDRESS	1865 S. ORANGE AVENUE
CITY-ST-ZIP	FT. MEADE, FL 33841
TITLE	D
NAME	BELL, MELONY
STREET ADDRESS	412 NORTH LANIER AVENUE
CITY-ST-ZIP	FT. MEADE, FL 33841
TITLE	D
NAME	CAGIANO, BRENNA
STREET ADDRESS	313 NORTH OAK AVENUE
CITY-ST-ZIP	FT. MEADE, FL 33841
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Denise E. Harrell Denise E Harrell 7/19/06 863-666-2654 ext 10
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #