

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90034 042 ****61.25

DOCUMENT # N95000004700

1. Entity Name

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



Principal Place of Business

POST OFFICE BOX 495
NORTH CHARLESTON AVENUE
FT. MEADE FL 33841

Mailing Address

POST OFFICE BOX 495
NORTH CHARLESTON AVENUE
FT. MEADE FL 33841

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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

7. Name and Address of New Registered Agent -

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

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

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
Due By May 1, 2007

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

TITLE
NAME: DP
HARRELL, DENISE
STREET ADDRESS: 113 N.E. 7TH STREET
CITY-STATE-ZIP: FT. MEADE FL 33841 ☐ Delete

TITLE
NAME: DV
GRAVES, BEVERLY
STREET ADDRESS: 1865 S. ORANGE AVENUE
CITY-STATE-ZIP: FT. MEADE FL 33841 ☐ Delete

TITLE
NAME: D.
BELL, MELONY
STREET ADDRESS: 412 NORTH LANIER AVENUE
CITY-STATE-ZIP: FT. MEADE FL 33841 ☐ Delete

TITLE
NAME: D
CAGIANO, BRENNIA
STREET ADDRESS: 313 NORTH OAK AVENUE
CITY-STATE-ZIP: FT. MEADE FL 33841 ☐ Delete

TITLE
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-STATE-ZIP: ☐ Delete

TITLE
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-STATE-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME: Harrell, Denise
STREET ADDRESS: 4651 Hwy 48 East
CITY-STATE-ZIP: Ft. Meade FL 33841 ☒ Change ☐ Addition

TITLE
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE
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STREET ADDRESS: ☐ Change ☐ Addition
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STREET ADDRESS: ☐ Change ☐ Addition
CITY-STATE-ZIP: ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 F. Harrell / Denise Harrell 4/14/07 543-528-3088