

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2008 08:00 AM
Secretary of State

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

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-3344511

Applied For

No: 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 is required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

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 ☐ Delete
NAME **DP HARRELL, DENISE**
STREET ADDRESS **4651 HWY 48 E**
CITY- ST- ZIP **FT. MEADE FL 33841**

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **1000000896670**
CITY- ST- ZIP **04/25/08-80017-006 61.25**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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 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 Harrell

3/6/08 **528-3088**