2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

4/1

FILED
Apr 26, 2004 8:00 am
Secretary of State
04-12-2004 90294 006 ****61.25

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

Principal Place of Business	Mailing Address
1690 SOUTH KEENE ROAD CLEARWATER, FL 33756	1690 SOUTH KEENE ROAD CLEARWATER, FL 33756

66414892

01282004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3403377
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TAYLOR, JOHN S III
1690 SOUTH KEENE ROAD
CLEARWATER, FL 33756

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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 May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TAYLOR, JOHN S III
STREET ADDRESS	1690 KEENE ROAD SOUTH
CITY-ST-ZIP	CLEARWATER, FL 33756
TITLE	D
NAME	LUTZ, JUDY
STREET ADDRESS	1312 MORELAND DRIVE
CITY-ST-ZIP	CLEARWATER, FL 33764
TITLE	D
NAME	JACOBS, MARY T
STREET ADDRESS	13083 OAK CREEK DRIVE, NORTH
CITY-ST-ZIP	CLEARWATER, FL 33761
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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: _____ 4-21-04 727-584-4066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #