

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 701085

**Entity Name:** GFWC GAINESVILLE WOMAN'S CLUB, INC.**Current Principal Place of Business:**2809 WEST UNIVERSITY AVE.  
GAINESVILLE, FL 32607**Current Mailing Address:**2809 WEST UNIVERSITY AVE.  
GAINESVILLE, FL 32607**FEI Number:** 59-0799924**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KREMER, BONITA M  
4805 NW 53RD STREET  
GAINESVILLE, FL 32606 US*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.***SIGNATURE:** BONITA M KREMER

03/05/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            ALBURY, BETSY  
Address        920 NW 37TH DRIVE  
City-State-Zip: GAINESVILLE FL 32605

Title            1ST VP  
Name            KRUCZEK, TRUDY  
Address        3632 NW 61ST LANE  
City-State-Zip: GAINESVILLE FL 32653

Title            2ND VP  
Name            ERICKSON, JUDY  
Address        13808 NW 21ST LANE  
City-State-Zip: GAINESVILLE FL 32606

Title            RECORDING SECRETARY  
Name            WILTBANK, CAROL  
Address        16555 NW 206TH DRIVE  
City-State-Zip: HIGH SPRINGS FL 32643

Title            TREASURER  
Name            KREMER, BONITA M  
Address        4805 NW 53RD STREET  
City-State-Zip: GAINESVILLE FL 32606

Title            CORRESPONDING SECRETARY  
Name            KELBER, DONNA  
Address        2309 NW 14TH PLACE  
City-State-Zip: GAINESVILLE FL 32605

Title            3RD VP  
Name            NIXON, ALICE  
Address        2105 SW 83RD COURT  
City-State-Zip: GAINESVILLE FL 32607

Title            4TH VP  
Name            NUTE, BARBARA  
Address        7605 NW 50TH STREET  
City-State-Zip: GAINESVILLE FL 32653

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** BONITA M KREMER

TREASURER

03/05/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

|                 |                       |
|-----------------|-----------------------|
| Title           | 4TH VP                |
| Name            | KENNEDY, GLORIA       |
| Address         | 10608 NW 53RD TERRACE |
| City-State-Zip: | ALACHUA FL 32653      |