

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702136

Entity Name: GFWC - OVIEDO WOMAN'S CLUB INCORPORATED**Current Principal Place of Business:**414 KING STREET
OVIEDO, FL 32765**Current Mailing Address:**P. O. BOX 620522
OVIEDO, FL 32762-0522 US**FEI Number: 59-6152458****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**GARLANGER, NANCY MRS.
5265 GARLANGER TRAIL
OVIEDO, FL 32765 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: NANCY GARLANGER****03/31/2017**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name VEST, BARBARA MRS.
Address 349 SEMINOLE WOODS BLVD.
City-State-Zip: GENEVA FL 32732

Title 1VP
Name GROSS, BARBARA MRS.
Address 2240 OAKSHADOW CT.
City-State-Zip: OVIEDO FL 32766

Title 2VP
Name COATES, SHANNON MRS.
Address 2222 SUNNYVIEW DR.
City-State-Zip: OVIEDO FL 32765

Title 3VP
Name WORTHEN, JULIE MRS.
Address 1858 ROYAL MAJESTY CT.
City-State-Zip: OVIEDO FL 23765

Title 4VP
Name ROUSE, MARTY MS.
Address 97 S. LAKE JESSUP AVE.
City-State-Zip: OVIEDO FL 32765

Title TREA
Name MELENDEZ, CATHY MS.
Address 1991 WESTBOURNE DR.
City-State-Zip: OVIEDO FL 32765

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: CATHY MELENDEZ**TREASURER****03/31/2017**

Electronic Signature of Signing Officer/Director Detail

Date