

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712719

Entity Name: GFWC WOMANS CLUB OF WELAKA, INC.**Current Principal Place of Business:**644 CR 309
WELAKA, FL 32193**Current Mailing Address:**PO BOX 154
WELAKA, FL 32193 US**FEI Number: 59-6205648****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**WELAKA WOMAN'S CLUB
644 CR 309
WELAKA, FL 32193 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: DELORES CRAFT****04/11/2021**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	HAPER, RUTHE
Address	P.O. BOX 128
City-State-Zip:	GEORGETOWN FL 32139

Title	VP2
Name	COWAN, CAROL
Address	11 LYDIA LANE
City-State-Zip:	ST. AUGUSTINE FL 32080

Title	S
Name	CLARK, JIMMIE
Address	PO BOX 1029
City-State-Zip:	WELAKA FL 32193

Title	VP1
Name	MCANINCH, PEGGY
Address	105 SHAFFER ST
City-State-Zip:	CRESCENT CITY FL 32212

Title	VP3
Name	TURNBULL, LORRIE
Address	608 5TH AVENUE
City-State-Zip:	WELAKA FL 32193

Title	T
Name	DICKASON, ELLEN
Address	1074 FRONT STREET LOT 89
City-State-Zip:	WELAKA FL 32193

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: ELLEN DICKASON**TREASURER****04/11/2021**

Electronic Signature of Signing Officer/Director Detail

Date