

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735230

Entity Name: GFWC THE LAKE SHORE WOMAN'S CLUB INC**Current Principal Place of Business:**2352 LAKE SHORE BLVD.
JACKSONVILLE, FL 32210**Current Mailing Address:**2352 LAKE SHORE BLVD.
JACKSONVILLE, FL 32210**FEI Number:** 59-1422394**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CASTLEBERRY, PAULA
2352 LAKE SHORE BLVD.
JACKSONVILLE, FL 32210 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:** PAULA CASTLEBERRY

06/02/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRES
Name	BOBEK, ELAINE
Address	2352 LAKE SHORE BLVD.
City-State-Zip:	JACKSONVILLE FL 32210

Title	1VP
Name	BRYAN, LAURA
Address	2352 LAKE SHORE BLVD.
City-State-Zip:	JACKSONVILLE FL 32210

Title	2VP
Name	SUTTON, PATTI
Address	2352 LAKE SHORE BLVD.
City-State-Zip:	JACKSONVILLE FL 32210

Title	3VP
Name	WARE, NANCY
Address	2352 LAKE SHORE BLVD.
City-State-Zip:	JACKSONVILLE FL 32210

Title	RS
Name	MONTEAN, PAM
Address	2352 LAKE SHORE BLVD.
City-State-Zip:	JACKSONVILLE FL 32210

Title	TREASURER
Name	CASTLEBERRY, PAULA
Address	2352 LAKE SHORE BLVD.
City-State-Zip:	JACKSONVILLE FL 32210

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: PAULA W CASTLEBERRY**TREASURER**

06/02/2025

Electronic Signature of Signing Officer/Director Detail

Date