

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000008028

Entity Name: GFWC LAKE PLACID JUNIOR WOMAN'S CLUB, INC.**Current Principal Place of Business:**10 N MAIN AVE
LAKE PLACID, FL 33852**Current Mailing Address:**PO BOX 1418
LAKE PLACID, FL 33862 US**FEI Number: 47-1731304****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**BARLAUG, MELISSA
245 FLAMINGO ST
LAKE PLACID, FL 33852 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DIRECTOR
Name	POST, JOY
Address	PO BOX 1063
City-State-Zip:	LAKE PLACID FL 33862

Title	PRESIDENT
Name	BARLAUG, MELISSA
Address	PO BOX 34
City-State-Zip:	LAKE PLACID FL 33862

Title	SECRETARY
Name	BEHRMAN, ALLISON C
Address	100 HEAL AVE NW
City-State-Zip:	LAKE PLACID FL 33852

Title	VP
Name	HART-HOWARD, JESSICA
Address	374 CATFISH CREEK DR
City-State-Zip:	LAKE PLACID FL 33852

Title	TREASURER
Name	LAMMIE, LORRI
Address	146 LOQUAT RD NE
City-State-Zip:	LAKE PLACID FL 33852

Title	CORRESPONDING SECRETARY
Name	WINSLOW, CHRISTINE
Address	9018 PLACID LAKES BLVD
City-State-Zip:	LAKE PLACID FL 33852

Title	ASST. TREASURER
Name	WHITMIRE, JULIE
Address	102 E INTERLAKE BLVD
City-State-Zip:	LAKE PLACID FL 33852

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: MELISSA BARLAUG**PRESIDENT****04/29/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date