


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 08:00 AM
Secretary of State

DOCUMENT # 723177	
1. Entity Name GFWC-CLEARWATER COMMUNITY WOMAN'S CLUB, INC.	

Principal Place of Business 2686 BRATTLE LANE CLEARWATER, FL 33761 US	Mailing Address PO BOX 6074 CLEARWATER, FL 33758-6074 US
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DO NOT WRITE IN THIS SPACE



01082007 No Chg-NP CR2E037 (4/06)

4. FEI Number 23-7241338	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GREIN, MARIE 2290 TERRACE DRIVE NORTH CLEARWATER, FL 33765
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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U00000581389
 01/10/07-80085-013 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HUGHES, NANCY 55 ROGERS STREET SUITE 204 CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP MCLAREN, LYNN 2279 GLENMOOR ROAD NORTH CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3VP MISEROY, ESTHER 3540 COUNTRYBROOK LANE SUITE D11 PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FITZGERALD, URJITH 2686 BRATTLE LANE CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD EAST, JUNE 1528 EXCALIBER DRIVE CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GREIN, MARIE 2290 TERRACE DR N CLEARWATER, FL 33765

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marie Grein Marie Grein Jan. 8, 2007 727-799-1552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #