


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90042 026 ****70.00

DOCUMENT # 733072
 1. Entity Name
GFWC WOMAN'S CLUB OF CLEARWATER, INC.



Principal Place of Business Mailing Address
 C/O SHERRILL ROBERSON 1631 DALE CIR. SO. DUNEDIN FL 34698 US
 C/O SHERRILL ROBERSON 1631 DALE CIR. SO. DUNEDIN FL 34698 US

50026925



1st MOORE CR2E037 (10/04)

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.
 City & State City & State

4. FEI Number **59-1637435** Applied For Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ROBERSON, SHERRILL
631 DALE CIRCLE SOUTH
DUNEDIN FL 34698

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	CS	<input type="checkbox"/> Delete
NAME	DOLE, LUCILLE	
STREET ADDRESS	2331 BELLAIR RD, #813	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	1VP	<input type="checkbox"/> Delete
NAME	BOTSER, ADRIANA	
STREET ADDRESS	521 PONCE DE LEON BLVD	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CLARK, MILDRED	
STREET ADDRESS	2331 BELLAIR RD. #513	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	D	<input type="checkbox"/> Delete
NAME	WURMLE, MARY	
STREET ADDRESS	2171 PINE RIDGE DR	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/> Delete
NAME	ROBERSON, SHERRILL	
STREET ADDRESS	1631 DALE CIR. SO.	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	P	<input type="checkbox"/> Delete
NAME	HAUSER, JANET	
STREET ADDRESS	1014 STEPHEN FOSTER DR	
CITY-ST-ZIP	LARGO FL 33771	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Recording Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lorraine Elie	
STREET ADDRESS	2513 Oakleaf Lane	
CITY-ST-ZIP	Clearwater, FL 33763	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	1st Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2204 Sequoia Dr	
CITY-ST-ZIP	Clearwater FL 33763	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Sherrill E. Roberson 3-8-2005 727-734-8500
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #