

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740124

FILED
Jan 08, 2009
Secretary of State

Entity Name: GFWC SANTA ROSA WOMAN'S CLUB INC.

Current Principal Place of Business:

PO BOX 423
GULF BREEZE, FL 325620423 US

New Principal Place of Business:

200 LAURA LANE
GULF BREEZE, FL 32561 US

Current Mailing Address:

PO BOX 423
GULF BREEZE, FL 325620423 US

New Mailing Address:

FEI Number: 59-1709451 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALLAGHER,MS. PRESLEY
3372 LAUREL DR.
GULF BREEZE, FL 32561 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GPMSJER, BARBARA
Address: 1639 KALAKAUA CT
City-St-Zip: GULF BREEZE, FL 32563

Title: RS () Delete
Name: TUNISON, PAT
Address: 414 WARWICK ST
City-St-Zip: GULF BREEZE, FL 32561

Title: P () Delete
Name: GINN, MARION
Address: 1607 GUAM LN
City-St-Zip: GULF BREEZE, FL 32563

Title: CS () Delete
Name: EDER, MARY
Address: 4676 SCUNDSIDE DR
City-St-Zip: GULF BREEZE, FL 32563

Title: T () Delete
Name: CAMPBELL, ANNA
Address: 200 LAURA LN
City-St-Zip: GULF BREEZE, FL 32561

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: OLIVER, BARBARA
Address: 4639 SMOKEY ROAD
City-St-Zip: GULF BREEZE, FL 32563 US

Title: RS (X) Change () Addition
Name: MCMAHON, TRACIE
Address: 4553 KELLY LANE, APT 6B
City-St-Zip: GULF BREEZE, FL 32563 US

Title: VP (X) Change () Addition
Name: BARRETT, KATHY
Address: 46 HIGHPOINT DRIVE
City-St-Zip: GULF BREEZE, FL 32561 US

Title: CS (X) Change () Addition
Name: BRANDON, WENDY
Address: 508 DRACENA WAY
City-St-Zip: GULF BREEZE, FL 32561 US

Title: T (X) Change () Addition
Name: CAMPBELL, ANNA
Address: 200 LAURA LN
City-St-Zip: GULF BREEZE, FL 32561 US

Title: 2VP () Change (X) Addition
Name: DAWSON, LINDA
Address: 7224 TWIN LAKES LN
City-St-Zip: PENSACOLA, FL 32504 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ANNA CAMPBELL

T

01/08/2009

Electronic Signature of Signing Officer or Director

Date