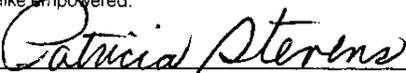


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90228 007 ****70.00

DOCUMENT # N03000008390			
1. Entity Name GFWC CENTRAL FLORIDA WOMAN'S CLUB, INC.			
Principal Place of Business 1503 MARTINEZ DRIVE THE VILLAGES FL 32159-8798		Mailing Address PO BOX 143 FRUITLAND PARK FL 34731-0143	
2. Principal Place of Business 33416 PICCIOLA DR		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State FRUITLAND PARK, FL		City & State	
Zip 34731	Country USA	Zip	Country
6. Name and Address of Current Registered Agent ROESLER, JOAN E 1503 MARTINEZ DRIVE THE VILLAGES FL 32159-8798		7. Name and Address of New Registered Agent Name: BUCHER, KATHRYN B. Street Address (P.O. Box Number is Not Acceptable) 33416 PICCIOLA DR City: FRUITLAND PARK FL Zip Code: 34731	
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: KATHRYN BUCHER		 <small>(NOTE: Registered Agent signature required when reinstating)</small>	DATE: 4/26/04
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROESLER, JOAN E 1503 MARTINEZ DRIVE THE VILLAGES FL 32159-8798 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BUCHER, KATHRYN B. 33416 PICCIOLA DR FRUITLAND PARK, FL 34731 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SCHULTZ, LAVERINE 812 PALM HARBOR COURT LEESBURG FL 34748-8798 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SCHULTZ, LAVERNE SAME ADDRESS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS THOMAS, MARTHA 32825 TIMBERWOOD DRIVE LEESBURG FL 34748 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS TIRWIN, WALLY 23 RHETT RD LEESBURG, FL 34788 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BOOTHE, JANE R 208 N VALLEY ROAD FRUITLAND PARK FL 34731-3009 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT STEVENS, PATRICIA 35012 HAINES CREEK RD LEESBURG, FL 34788 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: PATRICIA STEVENS		 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE: 4/26/04
			Daytime Phone #