


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90341 019 ****61.25

DOCUMENT # N03000008390

1. Entity Name
GFWC CENTRAL FLORIDA WOMAN'S CLUB, INC.



Principal Place of Business Mailing Address

**33416 PICCOLA DR
FRUITLAND PARK FL 34731** **PO BOX 143
FRUITLAND PARK FL 34731-0143**



2. Principal Place of Business 3. Mailing Address

812 Palm Harbor Ct Suite, Apt. #, etc.

City & State City & State

Leesburg, FL **FL**

Zip Country Zip Country

34748 **USA**

4. FEI Number Applied For

13-4221864 Not Applicable

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

1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent

**BUCHER, KATHRYN B
33416 PICCOLA DR
FRUITLAND PARK FL 34731**

7. Name and Address of New Registered Agent

Name **SCHULTZ, LAVERNE**

Street Address (P.O. Box Number is Not Acceptable) **812 PALM HARBOR COURT**

City **Leesburg, FL 3**

City **FL** Zip Code **34748**

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 **Laverne Schultz** DATE **4/7/06**

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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	DP	<input checked="" type="checkbox"/> Delete
NAME	BUCHER, KATHRYN B	
STREET ADDRESS	33416 PICCIOLA DR	
CITY-ST-ZIP	FRUITLAND PARK FL 34731	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	SCHULTZ, LAVERNE	
STREET ADDRESS	812 PALM HARBOR COURT	
CITY-ST-ZIP	LEESBURG FL 34748-8798	
TITLE	DS	<input type="checkbox"/> Delete
NAME	HOLMES, CAROL	
STREET ADDRESS	7048 NORTH SHORE DR	
CITY-ST-ZIP	LEESBURG FL 34788	
TITLE	DT	<input type="checkbox"/> Delete
NAME	STEVENS, PATRICIA	
STREET ADDRESS	35012 HAINES CREEK RD	
CITY-ST-ZIP	LEESBURG FL 34788	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULTZ, LAVERNE	
STREET ADDRESS	812 PALM HARBOR COURT	
CITY-ST-ZIP	LEESBURG, FL 34748-8798	
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PLATKE, BARBARA	
STREET ADDRESS	5609 LAVER ST	
CITY-ST-ZIP	LEESBURG, FL 34748-8051	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: **Patricia Stevens, Treasurer** DATE: **4/7/06** **352-323-9088**