

N03000008390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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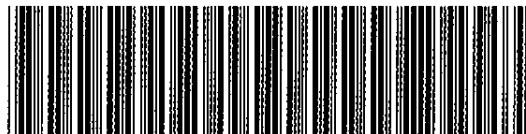
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

MA Change
News
4-23-08

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GFWC CENTRAL FLORIDA WOMAN'S CLUB
(Name of corporation)

DOCUMENT NUMBER: NO3000008390

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

BARBARA PLATKE
(Name of person)

GFWC CENTRAL FLORIDA WOMAN'S CLUB
(Name of firm/company)

5609 LAVER ST
(Address)

LEESBURG FL 34748
(City/state and zip code)

For further information concerning this matter, please call:

PATRICIA STEVENS at (352) 323-9088
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: GFWC CENTRAL FLORIDA WOMAN'S CLUB, INC.
2. The principal office address: P.O. BOX 143
FRUITLAND PARK, FL 34731
3. The mailing address (if different): 5609 LAVER ST
LEESBURG, FL 34748
4. Date of incorporation/qualification: _____ Document number: N0300000 8390
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

LAVERNE SCHULTZ
812 PALM HARBOR CT
LEESBURG, FL 34748

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

BARBARA PLATKE
5609 LAVER ST
(P.O. Box or personal mailbox NOT acceptable)
LEESBURG, FL 34748

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

(Signature of an officer or director)

(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Barbara J. Platke
(Signature of Registered Agent)

4-15-08
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314