2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2008 8:00 am Secretary of State

	Se	Secretary of State						
DOCUMENT # N0300008390 1. Entity Name GFWC CENTRAL FLORIDA WOMAN'S CLUB, INC.				i	05-02-2008 90129 015 ****61.25			
Principal Place 812 PALM H. LEESBURG, F	ARBOR CT	Mailing Address PO BOX 143 FRUITLAND PARK, FL 34	731-0143			1111 a a hin a a hindi (Tip a ahin aski	\$ 05 (210)	
2. Principal P	Jace of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		04072008 C	thg-NP	CR2E037 (12/06	6)	
City & State LPCS h	URG FL	City & State		4. FEI Number 13-42218	54		Applied For Not Applicable	
Zip 3479	18 Country	Zip	Country	5. Certificate of S		Fee Requ	Additional uired	
	6. Name and Address of Current I	Registered Agent		7. Name and Ad	dress of New I	Registered Agent		
SCHULTZ, LAVERNE			Name Street Add	PLAKIZE BARBARA Tress (P.O. Box Number is Not Acceptable) ST				
LEESBUR	G, FL 34748		<u> </u>	5609 LT	IVER			
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	named entity submits this statement for ions of registered agent.	r the purpose of changing its re	gistered office or re	egistered agent, or both, in	n the State of F	lorida. I am familiar w	ith, and accept	
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SIGNATURE .	BARBARA FLA Signature, typed or printed name of registered agent a	AKIC and title if applicable. (NOTE: F	legistered Agent signeture	required when reinstating)		4/15-108 DATE		
SIGNATURE .	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Co	aign Financing	_ \$5.00 May Be		`		
SIGNATURE	Filing Fee is \$61.25	9. Election Camp Trust Fund Co	aign Financing	\$5.00 May Be Added to Fees	Flo	DATE Make check payable	f State	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: SECNATURE AND TYPES OF PRINTED NAME OF BIOMING OFFICER OF DIFFER DIFFER OF DIFFER OF DIFFER OF DIFFER OF DIFFER OF DIFFER OF DIFFER OF