2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# N03000008390

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

Current Principal Place of Business:

5609 LAVER ST
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

PO BOX 143
FRUITLAND PARK, FL 347310143

New Mailing Address:

FEI Number: 13-4221864 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PLAKKE, BARBARA
5609 LAVER ST
LEESBURG, FL 34748 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:	DP	( ) Delete
Name:	PLAKKE, BARBARA	
Address:	5609 LAVER ST	
City-St-Zip:	LEESBURG, FL 34748	
Title:	DV	( ) Delete
Name:	BEYERS, MARTHA	
Address:	1307 S. 9TH STREET	
City-St-Zip:	LEESBURG, FL 34748	
Title:	DS	( ) Delete
Name:	STEVENS, PATRICIA	
Address:	35012 HAINES CREEK RD.	
City-St-Zip:	LEESBURG, FL 34788	
Title:	DT	( ) Delete
Name:	HOLMES, CAROL	
Address:	7048 NORTH SHORE DRIVE	
City-St-Zip:	LEESBURG, FL 34788	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: CAROL L. HOLMES DT 04/21/2009

Electronic Signature of Signing Officer or Director — Date