## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # N49459

1. Entity Name
GEWC MELBOURNE WOMAN'S CLUB INC.



## **FILED** Feb 27, 2006 8:00 am Secretary of State 02-27-2006 90048 011 \*\*\*\*61.25

GI VVC MILEBOOKNE VVOIVIANS CLOB INC.										
PO BOX 2212 PO E		Mailing Address PO BOX 2212 MELBOURNE, FL 32902	2-2212			v • 0				
2. Principal Place of Business		3. Mailing Address				#	5 <b>u</b> rii <b>11</b> 00 1100 1			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02212006 C	Chg-NP	CR2E037	(11/05)			
City & State		City & State			4. FEI Number 59-17110	10			plied For t Applicable	
Zip	Country	Zip	Country		5. Certificate of S	Status Desired		B.75 Add e Required		
	6. Name and Address of Current	Registered Agent			7. Name and Ad	dress of New F	Registered Age	ent		
SMITH, JIMMIE GODWIN			Name	Name						
500 W FE			Street Address			(P.O. Box Number is Not Acceptable)				
			City	·			FL	Zip Code	9	
	e named entity submits this statement fo	r the purpose of changing its re	egistered office of	or register	ed agent, or both, i	n the State of Flo	orida. I am fan	niliar with,	and accept	
the obligations of registered agent.										
SIGNATURE							<u> </u>		<del></del>	
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent lagns	thre required	when reinstating)	<del></del>	DATE			
	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Camp Trust Fund Co		<u> </u>	\$5.00 May Be Added to Fees	1	lake check p rida Departm	-		
10.	Due by May 1, 2006 OFFICERS AND DIF	Trust Fund Co		□	\$5.00 May Be Added to Fees ADDITIONS/CHANG	Flor	rida Departm RS AND DIRE	CTORS IN	ate	
. 10.	OFFICERS AND DIF	Trust Fund Co	11.	<u>и</u> .	Added to Fees	Floo GES TO OFFICE	rida Departm RS AND DIRE	ent of St	ate	
10.	OFFICERS AND DIE D SEVERANCE, BESSIE	Trust Fund Co	ontribution.	Poy	Added to Fees  ADDITIONS/CHANGE  Willa	Flor	rida Departm RS AND DIREC	CTORS IN	10 ·	
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reference certify that the information is pipeled with this limit obes not quality for the exceptions contained in Chapter 119, Profice statutes: I infried 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: