

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90133 039 \*\*\*\*61.25

<b>DOCUMENT # 723177</b>					
<b>1. Entity Name</b> GFWC-CLEARWATER COMMUNITY WOMAN'S CLUB, INC.					
<b>Principal Place of Business</b> 2405 FRANCISCAN DR #49 CLEARWATER, FL 33763 US			<b>Mailing Address</b> PO BOX 6074 CLEARWATER, FL 33758-6074 US		
<b>2. Principal Place of Business</b> 1863 OAKDALE LN N		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> CLEARWATER, FL		<b>City &amp; State</b>		<b>4. FEI Number</b> 23-7241338	
<b>Zip</b> 33764		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  YATES, TRUDY J 5244 SWALLOW DRIVE NEW PORT RICHEY, FL 34652			<b>7. Name and Address of New Registered Agent</b> Name: Marie Grein Street Address (P.O. Box Number is Not Acceptable): 2290 Terrace Dr. N. City: Clearwater FL Zip Code: 33765		
<b>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.</b> SIGNATURE: <u>Marie Grein</u> DATE: <u>4/25/05</u> <small>Signature, typed or printed name of registered agent and the applicable (NOTE: Registered Agent signature required when restoring)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> SP <b>NAME</b> BRYDER, ELLIE <b>STREET ADDRESS</b> 58 PELICAN PL #58 <b>CITY-ST-ZIP</b> CLEARWATER, FL 33756	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> S.D <b>NAME</b> Betsy Dont <b>STREET ADDRESS</b> 304 Bamboo Lane <b>CITY-ST-ZIP</b> Largo, FL 33770	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> PD <b>NAME</b> JENSEN, GEORGIA <b>STREET ADDRESS</b> 2405 FRANCISCAN DR #49 <b>CITY-ST-ZIP</b> CLEARWATER, FL 33763	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> 2VP <b>NAME</b> Lynn McLaren <b>STREET ADDRESS</b> 2379 Glenmoor Rd N <b>CITY-ST-ZIP</b> Clearwater, FL 33764	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> 2VPD <b>NAME</b> ROBBINS, MARY JANE <b>STREET ADDRESS</b> 11690 PARKVIEW LN <b>CITY-ST-ZIP</b> SEMINOLE, FL 33772	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> 3VP <b>NAME</b> Esther Miseroy <b>STREET ADDRESS</b> 3540 Countrybrook Ln #D11 <b>CITY-ST-ZIP</b> Palm Harbor, FL 34684	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> 1VP <b>NAME</b> LEE, ELLIE <b>STREET ADDRESS</b> 1863 OAKDALE LN N <b>CITY-ST-ZIP</b> CLEARWATER, FL 33764	<input type="checkbox"/> Delete		<b>TITLE</b> P.D <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> 3VPD <b>NAME</b> CRUM, ANN <b>STREET ADDRESS</b> 3677 SHORE BLVD (P.O. BOX 342) <b>CITY-ST-ZIP</b> OLDSMAR, FL 34677	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> 1VPD <b>NAME</b> Judith Lutz <b>STREET ADDRESS</b> 1312 Moreland Dr. <b>CITY-ST-ZIP</b> Clearwater, FL 33764	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> TD <b>NAME</b> YATES, TRUDY <b>STREET ADDRESS</b> 5244 SWALLOW DR <b>CITY-ST-ZIP</b> NEW PORT RICHEY, FL 34652	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> T <b>NAME</b> Marie Grein <b>STREET ADDRESS</b> 2290 Terrace Dr. N. <b>CITY-ST-ZIP</b> Clearwater, FL 33765	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b>					
<b>SIGNATURE:</b> <u>Eleanora H. Lee</u>			Date: <u>4/25/05</u>		Daytime Phone #: <u>727-536-9706</u>