

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90038 024 ****61.25

DOCUMENT-# 770073 1. Entity Name GULF HARBORS WOMEN OF THE WOODLANDS, INC.					
Principal Place of Business 3936 MARINE PARKWAY NEW PORT RICHEY FL 34652 US				Mailing Address 3936 MARINE PARKWAY NEW PORT RICHEY FL 34652 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
AXTELL, JOYCE 3974 MARINE PKWY NEW PORT RICHEY FL 34652				Name Joyce Axtell Street Address (P.O. Box Number is Not Acceptable) Same City FL Zip Code	
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. SIGNATURE Joyce A. Axtell, President DATE 3-27-07 Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD AXTELL, JOYCE 3974 MARINE PKWY NEW PORT RICHEY FL 34652	☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CRAWFORD, ANDREA 5419 DAHLGREN DR NEW PORT RICHEY FL 34652	☒ Delete		☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BRILEY, SHIRLEE 4404 MARINE PKWY NEW PORT RICHEY FL 34652	☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SCOTT, CAROL 4158 MARINE PKWY NEW PORT RICHEY FL 34652	☒ Delete		☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete		☐ Change ☐ Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: **Joyce A. Axtell, Joyce A. Axtell** **3-27-07 (737) 336-3607**