

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2008 08:00 A
Secretary of State

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**



03172008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1650329

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**AXTELL, JOYCE
3974 MARINE PKWY
NEW PORT RICHEY, FL 34652**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/17/08

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000864891
04/07/08-80005-020 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME AXTELL, JOYCE
STREET ADDRESS 3974 MARINE PKWY
CITY-ST-ZIP NEW PORT RICHEY, FL 34652

TITLE TD
NAME SCOTT, CAROL
STREET ADDRESS 4158 MARINE PKWY
CITY-ST-ZIP NEW PORT RICHEY, FL 34652

TITLE V
NAME BRILEY, SHIRLEE
STREET ADDRESS 4404 MARINE PKWY
CITY-ST-ZIP NEW PORT RICHEY, FL 34652

TITLE SD
NAME MUELLER, BETTY
STREET ADDRESS 4120 MARINE PKWY
CITY-ST-ZIP NEW PORT RICHEY, FL 34652

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joyce A. Axtell

3/17/08

Date

727-645-6628

Daytime Phone #