

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740942

FILED
Apr 20, 2009
Secretary of State

Entity Name: GENERAL FEDERATION OF WOMEN'S CLUBS (GFWC) FORT WALTON BEACH WOMAN'S CLUB, INC.

Current Principal Place of Business:

BROOKS-BEAL CENTER, 100 BEAL PKWY,
NW., P.O.BOX 783
FORT WALTON BEACH, FL 32549 US

New Principal Place of Business:

BROOKS-BEAL CENTER
100 BEAL PARKWAY
FORT WALTON BEACH, FL 32548 US

Current Mailing Address:

BROOKS-BEAL CENTER, 100
P.O.BOX 783
FORT WALTON BEACH, FL 32549 US

New Mailing Address:

BROOKS-BEAL CENTER
P.O.BOX 783
FORT WALTON BEACH, FL 32549 US

FEI Number: 59-6158010

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PHILLIPS, THELMA C
9 BAYVIEW DRIVE
SHALIMAR, FL 32579 US

Name and Address of New Registered Agent:

DAY, DORIS M
32 BEAL PARKWAY SW
FORT WALTON BEACH, FL 32548 US

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: DORIS M. DAY

04/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DAY, DORIS
Address: 23 BAYSHORE DR
City-St-Zip: SHALIMAR, FL 325792116

Title: VD () Delete
Name: BOURDREAA, BETTY
Address: 646 MERIONETH DR NE
City-St-Zip: FORT WALTON BEACH, FL 325471781

Title: V () Delete
Name: PETERSON, DOROTHY
Address: 41 LINWOOD RD
City-St-Zip: FORT WALTON BEACH, FL 325471632

Title: S () Delete
Name: VINQUIST, MARY J
Address: 37 BERWICK CIR
City-St-Zip: SHALIMAR, FL 325792019

Title: V () Delete
Name: PRETTYMAN, NAN
Address: 8204 COUNTRY BAY BLVD
City-St-Zip: NAVARRE, FL 32566

Title: TD () Delete
Name: HASKINS, ANNE M.
Address: 30 ANASTASIA DR. S.E.
City-St-Zip: FORT WALTON BEACH, FL 325487219

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: BOUDREAU, BETTY
Address: 646 MERIONETH DR NE
City-St-Zip: FORT WALTON BEACH, FL 325471781

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: DORIS M. DAY

PD

04/20/2009

Electronic Signature of Signing Officer or Director

Date