2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 24, 2006 8:00 am Secretary of State

DOCUMENT #701085 04-24-2006 90402 028 ****61.25 GFWC GAINESVILLE WOMAN'S CLUB. INC. 4 Principal Place of Business Mailing Address 2809 WEST UNIVERSITY AVE. 2809 WEST UNIVERSITY AVE. GAINESVILLE, FL 32607 GAINESVILLE, FL 32607 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02282006 Cha-NP CR2E037 (11/05) City & State City & State Applied For 4. FEI Number 59-0799924 Not Applicable 7in Country 7in Country \$8.75 Additional П 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PARHAM, ELLEN Street Address (P.O. Box Number is Not Acceptable) 4610 NW 30TH TERRACE GAINESVILLE, FL 32605 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. П Florida Department of State Due by May 1, 2006 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. PΩ Trudy Kruczek 5528 NW 45th Lane TITLE ☐ Delete MLE Change ✓ Addition PARHAM, ELLEN NAME NAME 4610 NW 30TH TERRACE STREET ADDRESS STREET ADDRESS Gainesuille FL 32606 CITY-ST-ZIP GAINESVILLE, FL 32605 CITY-ST-ZIP TD Addition TITLE ☐ Delete TITLE Change 5ec Donna Nickerson VANWINKLE, JOAN L. NAME NAME STREET ADDRESS 3969 NW 27TH LANE STREET ADDRESS 10632 SW 51 Lane Gainesville, FL CITY-ST-ZIP GAINESVILLE, FL 32606 CITY-ST-ZIP TEDE Change TITLE Delete **M**.Addition Nancy Webb 3806 SW 5th Place JETER, KARVIN NAME NAME 2127 SW 122ND ST STREET ADDRESS STREET ADDRESS GAINESVILLE, FL 32607 CITY-ST-ZIP CITY-ST-ZIP Gamesville FL 32607 ☐ Addition TITLE Delete TITLE Change PARHAM, ELLEN NAME NAME 4610 NW 30TH TERRACE STREET ADDRESS STREET ADDRESS GAINESVILLE, FL 32605 CITY-ST-7IP CITY-ST-7IP Delete TITLE ☐ Change TITLE Addition NAME **BILLINGS, PEGGY** NAME 5108 SW 88TH TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GAINESVILLE, FL 32608 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition ALLEN, SIBYL NAME NAME 4731 NW 13TH AVE STREET ADDRESS STREET ADDRESS GAINESVILLE, FL 32605 CITY-ST-ZIP

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.X	SIGNATURE AND TYPED OR PRINTED MAKE OF SIGNING OFFICER OR DIRECTOR	apr. 20, 2006	(352) 325-6:	367
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