


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90095 048 ****61.25

DOCUMENT # 702136					
1. Entity Name GFWC - OVIEDO WOMAN'S CLUB INCORPORATED					
Principal Place of Business 414 KINGS STREET P.O. BOX 620522 OVIEDO, FL 32762-0522 US			Mailing Address 414 KINGS STREET P.O. BOX 620522 OVIEDO, FL 32762-0522 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-6152458	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KANISTRAS, SANDRA 605 E CHAPMAN ROAD OVIEDO, FL 32765			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P	<input checked="" type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENNING, JANE		NAME	Roberta McQueen	
STREET ADDRESS	1116 GROVELAND DR		STREET ADDRESS	322 King ST	
CITY-ST-ZIP	CHULUOTA, FL 327689298		CITY-ST-ZIP	Oviedo, FL 32765	
TITLE	AT	<input checked="" type="checkbox"/> Delete	TITLE	First Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAINES, RUTH		NAME	Geary CAMP	
STREET ADDRESS	702 S OAK AVE.		STREET ADDRESS	972 Foxfire Trail	
CITY-ST-ZIP	SANFORD, FL 32771		CITY-ST-ZIP	Oviedo, FL 32765	
TITLE	AT	<input type="checkbox"/> Delete	TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROUSE, MARTY		NAME	MARY BLAKE	
STREET ADDRESS	97 S LK JESSUP AVE		STREET ADDRESS	2448 SHAL CREEK CT	
CITY-ST-ZIP	OVIEDO, FL 32765		CITY-ST-ZIP	OVIEDO, FL 32765	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KANISTRAS, SANDRA		NAME		
STREET ADDRESS	605 E CHAPMAN ROAD		STREET ADDRESS		
CITY-ST-ZIP	OVIEDO, FL 32765		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>Mary A. Blake</u>		MAY A. BLAKE		1/8/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # 407-365-9420	