2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702136

FILED Jan 11, 2008 Secretary of State

Entity Name: GFWC - OVIEDO WOMAN'S CLUB INCORPORATED

Current Principal Place of Business: New Principal Place of Business:

414 KINGS STREET 414 KINGS STREET P.O. BOX 620522 OVIEDO, FL 32765 US OVIEDO, FL 327620522 US

New Mailing Address: Current Mailing Address:

414 KINGS STREET P. O. BOX 620522

P.O. BOX 620522 OVIEDO, FL 327620522 US OVIEDO, FL 327620522 US

FEI Number: 59-6152458 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

KANISTRAS, SANDRA SHAFFER, BARBARA 605 E CHAPMAN ROAD 6035 LAKÉ CHARM CIRCLE OVIEDO, FL 32765 OVIEDO, FL 32765

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.

City-St-Zip:

SIGNATURE: BARBARA L. SHAFFER 01/11/2008

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

MCQUEAN, ROBERTA MCQUEEN, ROBERTA Name: Name: 322 KING ST Address: 322 KING ST Address: City-St-Zip: OVIEDO, FL 32765 OVIEDO, FL 32765

Title: () Delete Title: (X) Change () Addition

ROUSE, MARTY Name: BURNS, JOLENE Name: Address: 97 S LK JESSUP AVE Address: 1079 DEES DRIVE City-St-Zip: OVIEDO, FL 32765 City-St-Zip: OVIEDO, FL 32765

Title: () Delete Title: (X) Change () Addition KANISTRAS, SANDRA SHAFFER, BARBARA Name: Name:

605 E CHAPMAN ROAD 6035 LAKE CHARM CIRCLE Address: Address: City-St-Zip: OVIEDO, FL 32765 City-St-Zip: OVIEDO, FL 32765

Title: 1VP () Delete Title: 1VP (X) Change () Addition Name: CAMP, GERRY Name: GARLANGER, NANCY

972 FOXFIRE TRAIL Address: Address: 5265 GARLANGER TRAIL City-St-Zip: OVIEDO, FL 32765 City-St-Zip: OVIEDO, FL 32765

Title: () Delete Title: () Change () Addition

BLAKE, MARY Name: Name: 2448 SHOAL CREEK CT Address: Address: City-St-Zip: OVIEDO, FL 32765 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: ROBERTA MCQUEEN **PRES** 01/11/2008

Electronic Signature of Signing Officer or Director

Date