## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 702136** 

FILED Apr 08, 2009 Secretary of State

Entity Name: GFWC - OVIEDO WOMAN'S CLUB INCORPORATED

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

414 KINGS STREET OVIEDO, FL 32765 US

Current Mailing Address: New Mailing Address:

P. O. BOX 620522 OVIEDO, FL 327620522 US

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

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

SHAFFER, BARBARA 6035 LAKE CHARM CIRCLE OVIEDO, FL 32765 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:

Clastrania Ciarachura of Danistana d'Anant

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: PRES (X) Change ( ) Addition Name: MCQUEEN, ROBERTA Name: BLAKE, MARY

 Name:
 Micquelli, Roberta
 Name:
 BEARE, MARY

 Address:
 322 KING ST
 Address:
 2448 SHOAL CREEK CT.

 City-St-Zip:
 OVIEDO, FL 32765
 City-St-Zip:
 OVIEDO, FL 32765

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

 Name:
 BURNS, JOLENE
 Name:

 Address:
 1079 DEES DRIVE
 Address:

 City-St-Zip:
 OVIEDO, FL 32765
 City-St-Zip:

Name: SHAFFER, BARBARA Name: MILLARD, KATHY

Address: 6035 LAKE CHARM CIRCLE Address: 2800 RUNNING SPRINGS LOOP

City-St-Zip: OVIEDO, FL 32765 City-St-Zip: OVIEDO, FL 32765

Title: 1VP ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 GARLANGER, NANCY
 Name:

 Address:
 5265 GARLANGER TRAIL
 Address:

 City-St-Zip:
 OVIEDO, FL 32765
 City-St-Zip:

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

 Name:
 BLAKE, MARY
 Name:

 Address:
 2448 SHOAL CREEK CT
 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: KATHY MILLARD T 04/08/2009