2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# 702136

Entity Name: GFWC - OVIEDO WOMAN'S CLUB INCORPORATED

Current Principal Place of Business:

414 KINGS STREET
OVIEDO, FL 32765 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 620522
OVIEDO, FL 327620522 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MCQUEEN, ROBERTA
Address: 322 KING ST
City-St-Zip: OVIEDO, FL 32765

Title: AT ( ) Delete
Name: BURNS, JOLENE
Address: 1079 DEES DRIVE
City-St-Zip: OVIEDO, FL 32765

Title: T ( ) Delete
Name: SHAFFER, BARBARA
Address: 6035 LAKE CHARM CIRCLE
City-St-Zip: OVIEDO, FL 32765

Title: 1VP ( ) Delete
Name: GARLANGER, NANCY
Address: 5265 GARLANGER TRAIL
City-St-Zip: OVIEDO, FL 32765

Title: T (X) Delete
Name: BLAKE, MARY
Address: 2448 SHOAL CREEK CT
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: BLAKE, MARY
Address: 2448 SHOAL CREEK CT.
City-St-Zip: OVIEDO, FL 32765

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

Title: T (X) Change ( ) Addition
Name: MILLARD, KATHY
Address: 2800 RUNNING SPRINGS LOOP
City-St-Zip: OVIEDO, FL 32765

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: KATHY MILLARD T 04/08/2009

Electronic Signature of Signing Officer or Director — Date