



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 03, 2007 8:00 am
Secretary of State

08-03-2007 90021 021 ****61.25

DOCUMENT # 705738 1. Entity Name GFWC WOMAN'S CLUB OF LEESBURG, INC.					
Principal Place of Business 700 S 9TH STREET LEESBURG FL 34748			Mailing Address PO BOX 490532 LEESBURG FL 34749-0532		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. # etc.		2nd MOORE CR2E037 (4/07)	
City & State		City & State		4. FEI Number 59-1481485	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HALL, JUANITA S 1610 MICHIGAN AVE LEESBURG FL 34748				7. Name and Address of New Registered Agent Name PATRICIA SILVERSTEIN Street Address (P.O. Box Number is Not Acceptable) 6905 TREASURE ISLAND RD. LEESBURG FL. 34788 City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE:  <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div style="width: 40%; text-align: center;"> PATRICIA SILVERSTEIN <small>President</small> </div> <div style="width: 20%; text-align: right;"> <div style="font-size: 2em;">✓</div> 7/30/07 <small>DATE</small> </div> </div>					
FILE NOW: FEE IS \$61.25 Due By September 5, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD COLLOP, SARAH 703 PLUBOSA AVE FRUITLAND PARK FL 34731	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PATRICIA SILVERSTEIN 6905 TREASURE ISLAND RD. LEESBURG FL 34788	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR REW, ETHEL 25304 HIBISCUST LEESBURG FL 34748	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOIS HORNE 1062 ISLARD WAY LEESBURG, FL 34748	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SIVERSTINE, PAT 6908 TREASURE ISLAND RD LEESBURG FL 34788	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOIS HORNE 1062 ISLARD WAY LEESBURG, FL 34748	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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