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

SIGNATURE:

Aug 03, 2007 8:00 am **DOCUMENT # 705738** Secretary of State 1. Entity Name 08-03-2007 90021 021 ****61.25 GFWC WOMAN'S CLUB OF LEESBURG, INC. Principal Place of Business Mailing Address PO BOX 490532 700 S 9TH STREET LEESBURG FL 34748 LEESBURG FL 34749-0532 2. Principal Place of Business - No PO Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt # etc 2nd MOORE CR2E037 (4/07) City & State City & State Applied For 4. FEI Number 59-1481485 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HALL, JUANITA S IRBICIA SILVERSIEIN 05 TREASURE ISLAND RD. 1610 MICHIGAN AVE LEESBURG FL 34748 34788 LEESBURG ŁL. 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. a Silverstein FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By September 5, 2007 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD TITLE TITLE Change ☐ Addition Delete PD COLLOP, SARAH NAME NAME PATRICIA SILVERSTEIN 703 PLUBOSA AVE STREET ADDRESS STREET ADDRESS 6905 TREASURE ISLAND KD. FRUITLAND PARK FL 34731 CITY-ST-7IP CITY-ST-ZIP Leesburo FL TR THLE ☐ Delete TITLE Change Addition REW, ETHEL NAME MARKE STREET ADDRESS 25304 HIBISCUST STREET ADDRESS LEESBURG FL 34748 CITY-ST-ZIP CITY-ST-ZIP SD Change Delete TITLE ☐ Addition NAME SIVERSTINE, PAT LOIS HORNE 1062 ISLABD 6908 TREASURE ISLAND RD STREET ADDRESS STREET ADDRESS LEESBURG FL 34788 CITY-ST-7iP CITY-ST-ZIP EESBURG, TITLE TITLE √ Change **₩** Delete Addition NAME HALL, JUANITA \$ NAME STREET ADDRESS JUANITA HALL 1610 MICHIGAN AVE STREET ADDRESS CITY-ST-ZIP LEESBURG FL 34748 CITY-ST-ZIP 510 MICHIGAN AVE LEESBURG TE 3474 TITLE ☐ Delete 1016 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE IIILā TR NAME NAME LILLIAN MATHEWS STREET ADDRESS STREET ADDRESS вох 117 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 piler like empowered.

FILED