


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2007 8:00 am
Secretary of State

08-30-2007 90002 009 ****61.25

DOCUMENT #707169 1. Entity Name <u>GFWC</u> SUN CITY CENTER WOMAN'S CLUB, INC.					
Principal Place of Business PO BOX 5434 SUN CITY CENTER, FL 33573			Mailing Address PO BOX 5434 SUN CITY CENTER, FL 33573		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HINES, JAMES P JR. 315 S. HYDE PARK AVENUE TAMPA, FL 33606				Name Street Address (P.O. Box Number is Not Acceptable) 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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by September 14, 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 WALLACE, ANGELA 2329 PLATINUM DRIVE SUN CITY CENTER, FL 33573	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Janice Bassett 1201 Royal Links Court Sun City Center, FL 33573	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BASSETT, JANICE 1201 ROYAL LINKS COURT SUN CITY CENTER, FL 33573	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Nell Elliott 1935 Acadia Greens Dr Sun City Center, FL 33573	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ANDERSON, JUDY 1326 MISTY GREEN SUN CITY CENTER, FL 33573	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Janet Grove 723 Winterbrooke Way Sun City Center, FL 33573	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILSON, JANET 1926 WOLF LAUREL DRIVE SUN CITY CENTER, FL 33573	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Jean Rideout 1509 Bentwood Dr Sun City Center, FL 33573	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RUSSELL, NANCY 1504 BUNKER HILL DRIVE SUN CITY CENTER, FL 33573	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ANNE McGervey 1217 Caligosa Creek Ct Sun City Center, FL 33573	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 other like empowered.					
SIGNATURE: <u>Janice Bassett</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			08-27-07 813-642-0691 <small>Date Daytime Phone #</small>		

40130104



06262007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-6159390

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required