

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707191

FILED
Mar 10, 2006
Secretary of State

Entity Name: GFWC TEMPLE TERRACE JUNIOR WOMAN'S CLUB, INC.

Current Principal Place of Business:

415 WOODMONT AVE
TEMPLE TERRACE, FL 33617 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 16206
TEMPLE TERRACE, FL 33687 US

New Mailing Address:

FEI Number: 59-1055074

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PENOYER, JENNIFER
11006 SAGINAW DR
TAMPA, FL 33617 US

Name and Address of New Registered Agent:

FERNANDEZ, ALISON
6601 HEATHERTON COURT
TEMPLE TERRACE, FL 33617 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: ALISON M. FERNANDEZ

03/10/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: TUBBS, KARA
Address: 516 TERRACE HILL DR
City-St-Zip: TAMPA, FL 33617

Title: PD () Delete
Name: FERNANDEZ, ALISON
Address: 6601 HEATHERTON DR
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: VD () Delete
Name: DEVANE, MINDY
Address: 6308 JACQUELING ARBOR DR.
City-St-Zip: TAMPA, FL 33617

Title: VD () Delete
Name: LONG, ANITA
Address: 7601 LEON AVE
City-St-Zip: TAMPA, FL 33617

Title: TD () Delete
Name: PENOYER, JENNIFER
Address: 307 S. BAHAMAS AVE.
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: VD (X) Delete
Name: WERNER, LYNN
Address: 404 GLEN RIDGE AVE
City-St-Zip: TAMPA, FL 33617

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: TD (X) Change () Addition
Name: WERNER, LYNN
Address: 404 GLEN RIDGE AVENUE
City-St-Zip: TEMPLE TERRACE, FL 33617

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ALISON M. FERNANDEZ

PD

03/10/2006

Electronic Signature of Signing Officer or Director

Date