

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707191

FILED
Aug 19, 2008
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 ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PENOYER, JENNIFER
11006 SAGINAW DR
TEMPLE TERRACE, FL 33617 US

Name and Address of New Registered Agent:

MORRIS, RUTH H RUTH MO
318 S BAHAMAS AVENUE
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: RUTH MORRIS

08/19/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FERNANDEZ, ALISON
Address: 404 GLEN RIDGE AVE
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: VD () Delete
Name: BAKER, DEBBIE
Address: 7809 E 113 TH ST
City-St-Zip: TAMPA, FL 33617

Title: VD (X) Delete
Name: MORRIS, RUTH
Address: 318 BAHAMAS AVE
City-St-Zip: TAMPA, FL 33617

Title: TD (X) Delete
Name: PENOYER, JENNIFER
Address: 11006 SAGINAW DR
City-St-Zip: TEMPLE TERRACE, FL 33617

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: LONG, ANITA
Address: 8834-C N 56TH STREET
City-St-Zip: TAMPA, FL 33617

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: LYNN WERNER

PD

08/19/2008

Electronic Signature of Signing Officer or Director

Date