


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90069 020 ****61.25

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| DOCUMENT # 708853 1. Entity Name G F W C TAMPA LAKES WOMAN'S CLUB, INC. |  |
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| Principal Place of Business 1902 S VILLAGE AVE TAMPA, FL 33612 | Mailing Address 1902 S VILLAGE AVE TAMPA, FL 33612 |
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03192008 No Chg-NP CR2E037 (4/06)

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| 4. FEI Number 59-6173316 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent CARAWAY, MRS. MITCHELL R. 10901 N NEWPORT AVE TAMPA, FL 33612 | <p style="text-align: center; font-size: 24pt; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p> |
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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.

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| SIGNATURE: _____ | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
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| Filing Fee is \$61.25 Due by May 1, 2008 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S PRS COCHRAN, ANETHA 1707 ROUND POND AVE TAMPA, FL 336123922 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SVP JOHNSON, KAY 20907 JAFFE LN LAND O LAKES, FL 34639 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | W FVP WILLIAMSON, JUNE 1802 W BEARSS AVE TAMPA, FL 336131120 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P PITTET, MILLIE 14937 OLD POINTE RD TAMPA, FL 33618 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T COLBERT, SHEILA N. 2529 W. JEAN ST TAMPA, FL 33614-4234 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TVP Kyle, Lois 3715 Thornwood Dr Tampa, FL 33618 |

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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.

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|--|--|------|-----------------|
| SIGNATURE: <u><i>Sheila N. Colbert</i></u> SHEILA N. COLBERT <u>03/20/08</u> <u>(813) 876-6097</u> | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone # |
|--|--|------|-----------------|