

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2006 8:00 am**  
**Secretary of State**

04-19-2006 90102 013 \*\*\*\*61.25

**DOCUMENT # 709165**

1. Entity Name  
**GFWC WHISPERING PINES WOMAN'S CLUB, INC.**



Principal Place of Business  
**% JEAN M. WELSH  
18680 SW 89TH COURT  
MIAMI, FL 33157**

Mailing Address  
**% JEAN M. WELSH  
18680 SW 89TH COURT  
MIAMI, FL 33157**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04152006

Chg-NP

CR2E037 (11/05)

4. FEI Number  
**70-9165230**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WELSH, JEAN M.  
18680 SW 89 COURT  
MIAMI, FL 33157**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **RAHM, LYNNE**  
STREET ADDRESS **8941 SW 186 TERRACE**  
CITY-ST-ZIP **MIAMI, FL 33157**

TITLE **D** ☐ Delete  
NAME **WRIGHT, JNITA**  
STREET ADDRESS **337 EAST RIDGE VILLAGE DRIVE**  
CITY-ST-ZIP **MIAMI, FL 33157**

TITLE **P** ☐ Delete  
NAME **WEYRICK, ARLENE**  
STREET ADDRESS **18420 CARIBBEAN BLVD**  
CITY-ST-ZIP **MIAMI, FL 33157**

TITLE **T** ☐ Delete  
NAME **ONORATI, VIRGINIA**  
STREET ADDRESS **17923 SW 89 PLACE**  
CITY-ST-ZIP **MIAMI, FL 33157**

TITLE **VP** ☐ Delete  
NAME **WELSH, JEAN**  
STREET ADDRESS **18680 SW 89 CT.**  
CITY-ST-ZIP **MIAMI, FL 33157**

TITLE **VP** ☐ Delete  
NAME **ESPOSITO, THERESA**  
STREET ADDRESS **18700 SW. 84TH COURT**  
CITY-ST-ZIP **MIAMI, FL 33157**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
NAME **RAHN, Lynne**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:** *Virginia Onorati* **Virginia Onorati** **4-15-06** **(305) 233-6903**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #