2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 709165

1. Entity Name

GFWC WHISPERING PINES WOMAN'S CLUB, INC.



FILED
Apr 16, 2007 08:00 AM
Secretary of State

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



04142007 No Chg-NP

CR2E037 (4/06)

4 55144		· · · · · ·	Applied For
4. FEI Number	<u></u>	Applied For	
70-9165230			Not Applicable
5. Certificate of Status Desired		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

5. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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 Ag	gent eigneture	required when reinstating)	DATE			
	Filing Fee is \$61.25 Due by May 1, 2007	Election Campaign Financin Trust Fund Contribution.	ng 🗆	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	CTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAHN, LYNNE 8941 SW 186 TERRACE MIAMI, FL 33157				U00000712328 04/26/07-80043-009 61.25			
TITLE NAME STREET AODRESS CITY-ST-ZIP	D WRIGHT, JNITA 337 EAST RIDGE VILLAGE DRIVE MIAMI, FL 33157				04/20/01/00/04/00/00 01.23			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEYRICK, ARLENE 18420 CARIBBEAN BLVD MIAMI, FL 33157			DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ONORATI, VIRGINIA 17923 SW 89 PLACE MIAMI, FL 33157			IN ⁻	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WELSH, JEAN 18680 SW 89 CT. MIAMI, FL 33157							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ESPOSITO, THERESA 18700 SW. 84TH COURT MIAMI, FL 33157							
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.								