

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709165

FILED
Mar 08, 2009
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 70-9165230

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RAHN, LYNNE
Address: 8941 SW 186 TERRACE
City-St-Zip: MIAMI, FL 33157

Title: D () Delete
Name: WRIGHT, JNITA
Address: 337 EAST RIDGE VILLAGE DRIVE
City-St-Zip: MIAMI, FL 33157

Title: P () Delete
Name: WEYRICK, ARLENE
Address: 18420 CARIBBEAN BLVD
City-St-Zip: MIAMI, FL 33157

Title: T () Delete
Name: ONORATI, VIRGINIA
Address: 17923 SW 89 PLACE
City-St-Zip: MIAMI, FL 33157

Title: VP () Delete
Name: WELSH, JEAN
Address: 18680 SW 89 CT.
City-St-Zip: MIAMI, FL 33157

Title: VP () Delete
Name: ESPOSITO, THERESA
Address: 18700 SW. 84TH COURT
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RAHN, LYNNE
Address: 8941 SW 186 TERRACE
City-St-Zip: MIAMI, FL 33157

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

Title: D (X) Change () Addition
Name: WEYRICK, ARLENE
Address: 18420 CARIBBEAN BLVD
City-St-Zip: MIAMI, FL 33157

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

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: VIRGINIA ONORATI

T

03/08/2009

Electronic Signature of Signing Officer or Director

Date