

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 08, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 709999**

1. Entity Name

THE GFWC TEMPLE TERRACE WOMAN'S CLUB INC.



Principal Place of Business

P O BOX 16056  
TEMPLE TERRACE FL 33687  
US

Mailing Address

P O BOX 16056  
TEMPLE TERRACE FL 33687  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/07)

4. FEI Number

51-0226171

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

BROWN, TOM FAIRFIELD  
11720 SHELDON RD.  
TAMPA FL 33626

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

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	PD	<input type="checkbox"/> Delete
NAME	GROENE, MARGE	
STREET ADDRESS	125 N. BURLINGAME AVE.	
CITY- ST- ZIP	TAMPA FL 33617	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BREEDON, BRENDA	
STREET ADDRESS	6809 BLUFFS BLVD.	
CITY- ST- ZIP	TEMPLE TERRACE FL 33617	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SMITH, CONNIE	
STREET ADDRESS	11410 LINARBOR PL.	
CITY- ST- ZIP	TEMPLE TERRACE FL 33617	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GREEN, ANNE	
STREET ADDRESS	6811 MONET CIRCLE	
CITY- ST- ZIP	TEMPLE TERRACE FL 33617	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MOORE, NORMA JEAN	
STREET ADDRESS	11801 N. 51ST STREET	
CITY- ST- ZIP	TEMPLE TERRACE FL 33617	
TITLE	VD	<input type="checkbox"/> Delete
NAME	AFFRONTI, ELIZABETH	
STREET ADDRESS	922 N. RIVERHILLS DR.	
CITY- ST- ZIP	TEMPLE TERRACE FL 33617	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U000000820532
CITY- ST- ZIP	02/18/08-80032-020 61.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 Section 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:** *Norma Jean Moore* Norma Jean Moore 2-6-08 813-988-3056