2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#710998

FILED Apr 10, 2008 Secretary of State

Entity Name: GFWC WOMAN'S CLUB OF DEERFIELD BEACH, INC.

	Principal Place of Business:	New Principal Place	of Business:
	LSBORO BOULEVARD LD BEACH, FL 33441 US		
Current N	Nailing Address:	New Mailing Addres	ss:
	LSBORO BOULEVARD LD BEACH, FL 33441 US		
FEI Number	r: 59-1009533 FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of Current Registered Agent:	Name and Address	of New Registered Agent:
1442 SE 6	Y, MARTHA SSTREET LD BEACH, FL 33441 US		
	e named entity submits this statement for the pu e of Florida.	urpose of changing its registere	ed office or registered agent, or both,
SIGNATU	RE:		
	Electronic Signature of Registered Age	nt	Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTOR
Fitle: Name: Address: City-St-Zip:	P () Delete KOSTYSHYN, WANDA 5651 PINECREST CIR BOCA RATON, FL 33433	Title: Name: Address: City-St-Zip:	() Change () Addition
Name: Nddress:	3V () Delete WILLIAMSON, BEA 224 SE 8TH TERR DEERFIELD BEACH, FL 33442	Title: Name: Address: City-St-Zip:	() Change () Addition
Name: Address: Dity-St-Zip: Title: Name: Address:	WILLIAMSON, BEA 224 SE 8TH TERR	Name: Address:	() Change () Addition () Change () Addition
Title: Name: Address: Dity-St-Zip: Title: Name: Address: Dity-St-Zip: Title: Name: Address: Dity-St-Zip:	WILLIAMSON, BEA 224 SE 8TH TERR DEERFIELD BEACH, FL 33442 P () Delete MCGEARY, MARTHA 1442 SE 6TH ST.	Name: Address: City-St-Zip: Title: Name: Address:	
lame: Address: Dity-St-Zip: Title: Jame: Address: Dity-St-Zip: Title: Jame: Address:	WILLIAMSON, BEA 224 SE 8TH TERR DEERFIELD BEACH, FL 33442 P () Delete MCGEARY, MARTHA 1442 SE 6TH ST. DEERFIELD BEACH, FL 33441 V () Delete BEANSTEIN, BOBBI-JO 23247 BARWOOD LANE N #201	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition

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: MARTHA MCGEARY PP 04/10/2008