

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712719

FILED
Apr 14, 2012
Secretary of State

Entity Name: GFWC WOMANS CLUB OF WELAKA, INC.

Current Principal Place of Business:

644 CR 309
WELAKA, FL 32193 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 154
WELAKA, FL 32193 US

New Mailing Address:

FEI Number: 59-6205648

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELSH, JUNE
16 HOCKEY DR.
WELAKA, FL 32193 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: P
Name: WELSH, JUNE
Address: 16 HOCKEY DRIVE
City-St-Zip: WELAKA, FL 32193

Title: VP1
Name: SOUTHWOOD, MARTHA
Address: P.O. BOX 442
City-St-Zip: GEORGETOWN, FL 32139

Title: VP2
Name: CRAFT, DELORES
Address: P.O. BOX 1272
City-St-Zip: WELAKA, FL 32193

Title: VP3
Name: LAZZARO, MARY
Address: 239 SARATOGA CIRCLE
City-St-Zip: SATSUMA, FL 32189

Title: S
Name: WEEKS, JOYCE
Address: PO BOX 13
City-St-Zip: WELAKA, FL 32193

Title: T
Name: PETER, LOU
Address: 150 PARADISE DRIVE
City-St-Zip: WELAKA, FL 32193

I hereby 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 all other like empowered.

SIGNATURE: RUTHE HAPER

T

04/14/2012

Electronic Signature of Signing Officer or Director

Date