

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716561

FILED
Jan 21, 2009
Secretary of State

Entity Name: GFWC-SUWANNEE RIVER WOMAN'S CLUB, INC.

Current Principal Place of Business:

P. O. BOX 1001
LIVE OAK, FL 32064

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1001
LIVE OAK, FL 32064

New Mailing Address:

FEI Number: 59-6202275

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILLIAMS, STEPHANIE
10396 124TH STREET
LIVE OAK, FL 32060 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: PD () Delete
Name: LUNDY, ASHLEY
Address: 8375 106TH PLACE
City-St-Zip: LIVE OAK, FL 32060

Title: VD () Delete
Name: BROCK, TARA
Address: 8258 CR 250
City-St-Zip: LIVE OAK, FL 32060

Title: SD () Delete
Name: EUBANKS, CRYSTAL
Address: PO BOX 95
City-St-Zip: O'BRIEN, FL 32071

Title: T () Delete
Name: WILLIAMS, STEPHANIE
Address: 10396 124TH STREET
City-St-Zip: LIVE OAK, FL 32060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: TRAYDON, AMY
Address: PO BOX 208
City-St-Zip: LIVE OAK, FL 32064

Title: VD (X) Change () Addition
Name: CANTELLA, TENILLE
Address: 851 MARYMAC ST
City-St-Zip: LIVE OAK, FL 32064

Title: SD (X) Change () Addition
Name: POUCHER, MARLA
Address: 6177 CR 136
City-St-Zip: LIVE OAK, FL 32060

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: STEPHANIE WILLIAMS

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01/21/2009

Electronic Signature of Signing Officer or Director

Date