2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#717959

FILED Jan 16, 2008 Secretary of State

Entity Name: GFWC GAINESVILLE JUNIOR WOMAN'S CLUB, INC.

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 357656 2809 W UNIVERSITY AVENUE GAINESVILLE, FL 32635 GAINESVILLE, FL 32601

Current Mailing Address: New Mailing Address:

PO BOX 357656 P O BOX 357656

GAINESVILLE, FL 32635 GAINESVILLE, FL 32635

FEI Number: 23-7253593 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WALTRIP, BETH
339 NW 50TH BLVD
GAINESVILLE, FL 32607 US

EHLERS, KAREN J TREASR
2105 NW 27 TERRACE
GAINESVILLE, FL 32605 US

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: KAREN JANINE EHLERS 01/16/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 SEC () Delete
 Title:
 SEC (X) Change () Addition

 Name:
 MORTON, ANNIE
 Name:
 MORTON, ANNIE SEC

 Address:
 4700 SW ARCHER RD #H64
 Address:
 4700 SW ARCHER RD #H64

 City-St-Zip:
 GAINESVILLE, FL 32608
 City-St-Zip:
 GAINESVILLE, FL 32608

Title: PRES () Delete Title: (X) Change () Addition WALTRIP, BETH Name: WALTRIP, BETH ADVISOR Name: Address: 339 NW 50TH BLVD Address: 339 NW 50TH BLVD City-St-Zip: GAINESVILLE, FL 32607 City-St-Zip: GAINESVILLE, FL 32607

Title: TREA () Delete Title: **TREA** (X) Change () Addition SANZ, SAMMI EHLERS, KAREN TREASR Name: Name: Address: 420 SW 83RD TERR Address: 2105 NW 27 TERRACE City-St-Zip: GAINESVILLE, FL 32607 City-St-Zip: GAINESVILLE, FL 32605

1VP () Delete WAGSTAFF, JILL Title: Title: **PRES** (X) Change () Addition WAGSTAFF, JILL PRESDNT Name: Name: Address: 1415 NE 7TH STREET Address: 1415 NE 7TH STREET City-St-Zip: GAINIESVILLE, FL 32601 City-St-Zip: GAINIESVILLE, FL 32601

 Title:
 () Delete
 Title:
 1VP () Change (X) Addition

 Name:
 Name:
 BEN-SHOSHAN, SARA 1ST VP

 Address:
 Address:
 2104 NW 15TH AVENUE

 City-St-Zip:
 City-St-Zip:
 GAINESVILLE, FL 32605

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: KAREN JANINE EHLERS TREA 01/16/2008