

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90015 037 *****61.25

DOCUMENT # 718993

1. Entity Name

G.F.W.C. WOMAN'S CLUB OF PT. CHARLOTTE FL.
INC.



Principal Place of Business

20217 TAPPEN ZEE DRIVE
PORT CHARLOTTE FL 33952

Mailing Address

PO BOX 494004
PORT CHARLOTTE FL 33949

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-1895509

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

CAMPBELL, J DAVID EA
2511 VASCO ST.
STE 115
PUNTA GORDA FL 33951

Name

MADELINE DE MARIA

Street Address (P.O. Box Number is Not Acceptable)

701 AQUA ESTA DR. UNIT 84

City

PUNTA GORDA

FL

Zip Code
33950

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 MADELINE DE MARIA

Madeline DeMaria

3/23/07

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, 2007

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☒ Delete
NAME DELANEY, JUDY
STREET ADDRESS 23001 MADELYN AVE
CITY-ST-ZIP PORT CHARLOTTE FL 33954

TITLE PRESIDENT ☒ Change ☒ Addition
NAME MARY SAMPHERE
STREET ADDRESS 1042 STRASBURG DRIVE
CITY-ST-ZIP PORT CHARLOTTE, FL 33952

TITLE P ☒ Delete
NAME DELANEY, JUDY
STREET ADDRESS 23007 MADELAN AVE
CITY-ST-ZIP PORT CHARLOTTE FL 33954

TITLE FIRST VICE PRESIDENT ☒ Change ☒ Addition
NAME JUDY DELANEY
STREET ADDRESS 23007 MADELYN AVE.
CITY-ST-ZIP PORT CHARLOTTE, FL 33954

TITLE VP ☒ Delete
NAME SPYRIE, CATHERINE
STREET ADDRESS 21015 BAFFIN AVE
CITY-ST-ZIP PORT CHARLOTTE FL 33954

TITLE SECRETARY ☒ Change ☒ Addition
NAME PHYLLIS EASTWOOD
STREET ADDRESS 18520 GRAND AVE
CITY-ST-ZIP PT. CHARLOTTE, FL 33948

TITLE T ☒ Delete
NAME TEKIP, MARY J
STREET ADDRESS 1337 YORKSHIRE ST
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE TREASURER ☒ Change ☒ Addition
NAME MADELINE DEMARIA
STREET ADDRESS 701 AQUA ESTA DR, UNIT 84
CITY-ST-ZIP PUNTA GORDA, FL 33950

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Madeline DeMaria TREASURER
MADELINE DEMARIA 3/23/07 941-639-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #