

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 28, 2008 8:00 am
Secretary of State

05-28-2008 90015 048 ****70.00

DOCUMENT # 721952	
1. Entity Name GFWC TAMPA WOMAN'S CLUB, INC.	

Principal Place of Business 2901 BAYSHORE BLVD TAMPA FL 33629	Mailing Address 2901 BAYSHORE BLVD TAMPA FL 33629
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/07)

4. FEI Number 59-0652592	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent PARDO, JAN H 16901 CEDAR BLUFF DR TAMPA FL 33618	
7. Name and Address of New Registered Agent N S C Zip Code	

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 _____ (NOTE: Registered Agent signature required when constituting) _____ **DATE** _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	NAME LANG, LAURA ☒ Delete	TITLE PD	NAME MCCOMMONS, CAROL ☒ Change ☐ Addition
STREET ADDRESS 28 SANDPIPER RD	CITY-ST-ZIP TAMPA FL 33609	STREET ADDRESS 322 WOOTEN RD.	CITY-ST-ZIP LUTZ, FL 33548
TITLE VPD	NAME MCCOMMONS, CAROL ☐ Delete	TITLE VPD	NAME GEARY, CATHY ☒ Change ☐ Addition
STREET ADDRESS 322 WOOTEN RD	CITY-ST-ZIP LUTZ FL 33548	STREET ADDRESS 7504 S. SHAMROCK ST.	CITY-ST-ZIP TAMPA, FL 33616
TITLE VPD	NAME SCHMOLT, LEE ☒ Delete	TITLE VPD	NAME HUDSON, KATHLEEN ☒ Change ☐ Addition
STREET ADDRESS 2618 S. DUNDEE	CITY-ST-ZIP TAMPA FL 33611	STREET ADDRESS 3608 NORTH A ST.	CITY-ST-ZIP TAMPA, FL 33609
TITLE SD	NAME GEARY, CATHY ☐ Delete	TITLE VPD	NAME BARTOLOTTI, CATHY ☒ Change ☐ Addition
STREET ADDRESS 7504 S. SHAMROCK ST	CITY-ST-ZIP TAMPA FL 33616	STREET ADDRESS 4023 N. LINCOLN AVE.	CITY-ST-ZIP TAMPA, FL 33607
TITLE TD	NAME PARDO, JAN ☐ Delete	TITLE SE	NAME ALEXANDER, SANDRA ☒ Change ☐ Addition
STREET ADDRESS 16901 CEDAR BLUFF DR	CITY-ST-ZIP TAMPA FL 33618	STREET ADDRESS 4208 W. LEONA ST.	CITY-ST-ZIP TAMPA, FL 33629
TITLE TD	NAME PARDO, JAN ☐ Delete	TITLE TD	NAME PARDO, JAN ☒ Change ☐ Addition
STREET ADDRESS 16901 CEDAR BLUFF DR	CITY-ST-ZIP TAMPA FL 33618	STREET ADDRESS 16901 CEDAR BLUFF DR.	CITY-ST-ZIP TAMPA, FL 33618

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: *Carol McCommons* 4/30/08 813-963-2703