

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# 721952

Entity Name: GFWC TAMPA WOMAN'S CLUB, INC.

Current Principal Place of Business:

2901 BAYSHORE BLVD
TAMPA, FL 33629

New Principal Place of Business:

Current Mailing Address:

2901 BAYSHORE BLVD
TAMPA, FL 33629

New Mailing Address:

FEI Number: 59-0652592 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARDO, JAN H
16901 CEDAR BLUFF DR
TAMPA, FL 33618 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: MCCOMMONS, CAROL
Address: 322 WOOTEN RD
City-St-Zip: LUTZ, FL 33548

Title: VPD () Delete
Name: GEARY, CATHY
Address: 7504 S. SHAMROCK ST
City-St-Zip: TAMPA, FL 33616

Title: VPD () Delete
Name: HUDSON, KATHLEEN
Address: 7504 S. SHAMROCK STREET
City-St-Zip: TAMPA, FL 33616

Title: VPD () Delete
Name: HUDSON, KATHLEEN
Address: 3608 NORTH A STREET
City-St-Zip: TAMPA, FL 33609

Title: ST () Delete
Name: ALEXANDER, SANDRA
Address: 4208 W. LEONA STREET
City-St-Zip: TAMPA, FL 33629

Title: TD () Delete
Name: PARDO, JAN
Address: 16901 CEDAR BLUFF DRIVE
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: MOSES, JO ANNE
Address: 22020 HEATHERWOOD LANE
City-St-Zip: LAND O' LAKES, FL 34639

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: JO ANNE MOSES

TD

04/06/2009

Electronic Signature of Signing Officer or Director

Date