2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #723177

FILED Jan 17, 2008 8:00 am Secretary of State

01-17-2008 90023 010 ****61.25

1. Entity Nam GFWC-C INC.		ATER COMMUNIT	Y WOM	AN'S CLUB,									
Principat Place of Business Mailing Address 2686 BRATTLE LANE PO BOX 6074 CLEARWATER, FL 33761 US CLEARWATER, FL 33758-607					58-6074	US		 1 (F1)() [1818 (1888 (18	<u>Dž 11811 (788)</u> (Ř	OH OLUM OLUM	LIMAN PANIN MININ M	T o esial of look
Principal Place of Business - No P.O. Box # 3. Mailing Address							<u></u>						
Suite, Apt. #, etc.				Suite, Apt. #, etc.				01142008	B Chg	-NP	CR2E	037 (12/06)	
City & State			City & State				4. FEI Nui 23-7:					-	Applied For
Zip	Zip Country		Zip	Zip Co		ntry	5. Certificate of St			us Desired		\$8.75 A Fee Requi	
6. Name and Address of Current Register				ed Agent			7. Name and Address of New Registered Agent						
CDEIN M	A DIE					Name							
GREIN, MARIE 2290 TERRACE DRIVE NORTH CLEARWATER, FL 33765						Street Address (P.O. Box Number is Not Acceptable)							
		•			Į								
						City					F	Zip Co	de
8. The above the obligat	named entit tions of regis	ty submits this statement for tered agent.	or the purpo	ose of changing its	registere	d office o	r register	ed agent, or t	ooth, in the	e State of F	lorida. I ar	n familiar wit	n, and accept
SIGNATURE	Signature, typed	d or printed name of registered agent	it and title if appl	icable. (NOTE	: Pagistered	Agent signe	ture required	when reinstating)			DATE		
	-			9. Election Cam Trust Fund C				\$5.00 May Added to Fed				ck payable artment of	
10.	-		IRECTORS						95	Flo	rida Depa	ertment of	State
10.	Due by N	May 1, 2008 OFFICERS AND DI	IRECTORS		ontribution	on.		Added to Fed	95	Flo	rida Depa	ertment of	N 10
TITLE NAME	SD HUGHES	May 1, 2008 OFFICERS AND DI		Trust Fund C	11. TITLE	on.		Added to Fed	95	Flo	rida Depa	DIRECTORS	N 10
TITLE NAME STREET ADDRESS	SD HUGHES 55 ROGE	OFFICERS AND DI , NANCY RS STREET SUITE 20		Trust Fund C	11. TITLE NAME STREE	on. Et address		Added to Fed	95	Flo	rida Depa	DIRECTORS	N 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HUGHES 55 ROGE CLEARW	May 1, 2008 OFFICERS AND DI		Trust Fund C	11. TITLE NAME STREE CITY-	on. Et address St-Zip	, A	Added to Fe	95	Flo	rida Depa	DIRECTORS Change	State N 10 Addilion
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	SD HUGHES 55 ROGE CLEARW 2VP	OFFICERS AND DI OFFICERS AND DI NANCY RS STREET SUITE 20 ATER, FL 33756		Trust Fund C	11. TITLE NAME STREE CITY-	on. Et address St-zip	140	Added to Fe	CHANGES	Flo TO OFFICE	erida Depa	DIRECTORS Change	State N 10 Addilion
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HUGHES 55 ROGE CLEARW 2VP MCLARE	May 1, 2008 OFFICERS AND DI NANCY ERS STREET SUITE 20 (ATER, FL 33756 N, LYNN)4	Trust Fund C	11. TITLE NAME STREE CITY- TITLE NAME	on. Et address St-zip	140	Added to Fe	CHANGES	Flo TO OFFICE	erida Depa	DIRECTORS Change	State N: 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	SD HUGHES 55 ROGE CLEARW 2VP MCLARE 2279 GLE	OFFICERS AND DI OFFICERS AND DI NANCY RS STREET SUITE 20 ATER, FL 33756)4	Trust Fund C	11. TITLE NAME STREE CITY- TITLE NAME STREE	on. Et address St-zip	140	Added to Fe	CHANGES	Flo TO OFFICE	erida Depa	DIRECTORS Change	State N 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	SD HUGHES 55 ROGE CLEARW 2VP MCLARE 2279 GLE	OFFICERS AND DI OFFICERS AND DI INNANCY ERS STREET SUITE 20 (ATER, FL 33756 N, LYNN ENMOOR ROAD NORT)4	Trust Fund C	11. TITLE NAME STREE CITY- TITLE NAME STREE	et address St-zip Et address St-zip	2VP 100 420 420	Added to Féa ADDITIONS/O In Joh 19 Ha Ingo, 1	CHANGES I Ansirbor	En . View	ERS AND E	Change	State N 10 Addition Addition
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12. Thereby certify that the information supplied with this liting does not quality for the exemptions contained 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 signature shall have the same legal effect as if made under eath; 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:

Hrun Marie Grein
PED OR PRINTED NAME OF SIGNING OFFICER OR OFFICER OR OFFICER OR

Jaw. 14 2008 727-799-1552