2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#732250

FILED Apr 27, 2009 Secretary of State

Entity Name: G.F.W.C. HOMESTEAD JUNIOR WOMAN'S CLUB, INC.

Current Principal Place of Business: New Principal Place of Business: P. O. BOX 900306 P. O. BOX 900658 HOMESTEAD, FL 33090 HOMESTEAD, FL 33090 **Current Mailing Address: New Mailing Address:** P.O. BOX 900306 P. O. BOX 900658 HOMESTEAD, FL 33090 US HOMESTEAD, FL 33090 FEI Number: 59-1705960 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KENDALL, CINDY 16241 SW 286 STREET HOMESTEAD, FL 33033 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete GUADAMUZ, LYNNE GUADAMUZ, LYNNE Name: Name: 28801 SW 157 AVENUE Address: 21100 COVE ROAD Address: City-St-Zip: HOMESTEAD, FL 33033 City-St-Zip: MIAMI, FL 33189 Title: TD () Delete Title: () Change () Addition KENDALL, CINDY Name: Name: Address: 16241 SW 286 STREET Address: City-St-Zip: HOMESTEAD, FL 33033 City-St-Zip: Title: VPD () Delete Title: () Change () Addition GARNER, AMANDA Name: Name: 2006 SE 27 DRIVE Address: Address: City-St-Zip: HOMESTEAD, FL 33035 City-St-Zip: () Delete Title: VPD Title: VPD (X) Change () Addition Name: WOOD, LINDA Name: RAMOS, MIRTHA 15326 SW 168 TERRACE Address: 16240 SW 284 STREET Address: City-St-Zip: HOMESTEAD, FL 33033 City-St-Zip: MIAMI, FL 33187 Title: VPD () Delete Title: () Change (X) Addition ABUT, SARA Name: Name: 30333 SW 152 PLACE Address: Address: City-St-Zip: City-St-Zip: HOMESTEAD, FL 33033 Title: () Delete Title: () Change (X) Addition LYNN, BECKY Name: Name: Address: Address: 2955 NE 2 DRIVE HOMESTEAD, FL 33033 City-St-Zip: City-St-Zip:

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: CINDY KENDALL TD 04/27/2009