

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732250

FILED  
Apr 14, 2011  
Secretary of State

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

**Current Principal Place of Business:**

P. O. BOX 900658  
HOMESTEAD, FL 33090

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 900658  
HOMESTEAD, FL 33090

**New Mailing Address:**

**FEI Number:** 59-1705960

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

KENDALL, CINDY  
16241 SW 286 STREET  
HOMESTEAD, FL 33033 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  
Name: GUADAMUZ, LYNNE  
Address: 16605 SW 295 STREET  
City-St-Zip: HOMESTEAD, FL 33033

Title: TD  
Name: KENDALL, CINDY  
Address: 16241 SW 286 STREET  
City-St-Zip: HOMESTEAD, FL 33033

Title: VPD  
Name: GARNER, AMANDA  
Address: 2006 SE 27 DRIVE  
City-St-Zip: HOMESTEAD, FL 33035

Title: VPD  
Name: LYNN, BECKY  
Address: 2955 NE 2 DRIVE  
City-St-Zip: HOMESTEAD, FL 33033

Title: VPD  
Name: HAYS, WENDY  
Address: 19850 SW 240 STREET  
City-St-Zip: HOMESTEAD, FL 33031

Title: VPD  
Name: MURRAY, BLYNDA  
Address: 30318 SW 158 PLACE  
City-St-Zip: HOMESTEAD, FL 33033

I hereby 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 all other like empowered.

SIGNATURE: CINDY KENDALL

TD

04/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date