2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State
04-29-2005 90250 036 ****61.25

DOCUMENT # 732804

1. Entity Name
GFWC ROTONDA WEST WOMAN'S CLUB, INC.

14009315

Principal Place of Business	Mailing Address
3754 CAPE HAZE DR. ROTONDA WEST, FL 33947 US	47 LONG MEADOW PLACE ROTONDA WEST, FL 33947 US

04172005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-2239825
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ARTZ, SUZANNE K
47 LONG MEADOW PLACE
ROTONDA WEST, FL 33947

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	AT
NAME	WINE, BONNIE
STREET ADDRESS	6 GOLFVIEW TERRACE
CITY-ST-ZIP	ROTONDA WEST, FL 33947
TITLE	P
NAME	PRESTON, JANET
STREET ADDRESS	6551 B HAMLET DRIVE
CITY-ST-ZIP	ENGLEWOOD, FL 34224
TITLE	V
NAME	ULLRICH, CAROL
STREET ADDRESS	1 BUNKER WAY
CITY-ST-ZIP	ROTONDA WEST, FL 33947
TITLE	S
NAME	BYERS, MARY LOU
STREET ADDRESS	32 MARINER LANE
CITY-ST-ZIP	ROTONDA WEST, FL 33947
TITLE	T
NAME	ATRZ, SUZANNE K
STREET ADDRESS	47 LONG MEADOW PLACE
CITY-ST-ZIP	ROTONDA WEST, FL 33947
TITLE	T
NAME	MCNEILL, DOLORES
STREET ADDRESS	168 CADDY ROAD
CITY-ST-ZIP	ROTONDA WEST, FL 33947

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Suzanne K. Artz Suzanne K. Artz Treasurer 4/25/05 9416975591
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #