

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2007 08:00 A
Secretary of State

DOCUMENT # 732804 1. Entity Name GFWC ROTONDA WEST WOMAN'S CLUB, INC.	
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Principal Place of Business 3754 CAPE HAZE DR. ROTONDA WEST, FL 33947 US	Mailing Address 47 LONG MEADOW PLACE ROTONDA WEST, FL 33947 US
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DO NOT WRITE IN THIS SPACE



01312007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2239825	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ULLRICH, CAROL 1 BUNKER WAY ROTONDA WEST, FL 33947
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BYERS, MARY LOU 32 MARINER LANE ROTONDA WEST, FL 33947
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ATRZ, SUZANNE K 47 LONG MEADOW PLACE ROTONDA WEST, FL 33947
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT RICHARDS, DORIS 62 BROAD MOOR LN ROTONDA WEST, FL 33947
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/08/07-80053-009 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 1/31/07 941-697-5591
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #