


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90403 020 ****61.25

DOCUMENT # 732804			
1. Entity Name GFWC ROTONDA WEST WOMAN'S CLUB, INC.			
Principal Place of Business 3754 CAPE HAZE DR. ROTONDA WEST, FL 33947 US		Mailing Address 47 LONG MEADOW PLACE ROTONDA WEST, FL 33947 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>439 ROTONDA CIRCLE</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>ROTONDA WEST FL</i>	
Zip	Country	Zip	Country
<i>33947</i>	<i>USA</i>	<i>33947</i>	<i>USA</i>
4. FEI Number 59-2239825		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ARTZ, SUZANNE K 47 LONG MEADOW PLACE ROTONDA WEST, FL 33947		Name <i>KRABBE, DONNA L.</i> Street Address (P.O. Box Number is Not Acceptable) <i>439 ROTONDA CIRCLE</i> City <i>ROTONDA WEST</i> FL Zip Code <i>33947</i>	
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. <i>DONNA L. KRABBE</i>			
SIGNATURE <i>Donna L. Krabbe</i> TREASURER		DATE <i>4-25-2008</i>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ULLRICH, CAROL 1 BUNKER WAY ROTONDA WEST, FL 33947 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT BAUER, MARGARET 223 CADDY ROAD ROTONDA WEST, FL 33947 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BYERS, MARY LOU 32 MARINER LANE ROTONDA WEST, FL 33947 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY BAIRD, JANET 75 TOURNAMENT ROAD ROTONDA WEST, FL 33947 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ATRZ, SUZANNE K 47 LONG MEADOW PLACE ROTONDA WEST, FL 33947 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER KRABBE, DONNA 439 ROTONDA CIRCLE ROTONDA WEST, FL 33947 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT RICHARDS, DORIS 62 BROAD MOOR LN ROTONDA WEST, FL 33947 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSISTANT TREASURER SUPERAK, SUSAN 559 ROTONDA CIRCLE ROTONDA WEST, FL 33947 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FIRST VICE PRESIDENT WALKER, DORIS 56 LONG MEADOW LANE ROTONDA WEST, FL 33947 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Donna L. Krabbe</i> DONNA L. KRABBE		DATE <i>4-25-2008</i> 941-697-4980	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	