


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90074 018 \*\*\*\*61.25

<b>DOCUMENT # 732823</b> 1. Entity Name <b>GFWC LUTZ-LAND O'LAKES WOMAN'S CLUB, INC.</b>					
Principal Place of Business <b>HWY 41 AND SUNSET BLVD PO BOX 656 LUTZ, FL 33548 US</b>			Mailing Address <b>HWY 41 AND SUNSET BLVD PO BOX 656 LUTZ, FL 33548 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1696191</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>FORNINO, HELEN 23621 TURTLE LAKES LANE LUTZ, FL 33559-7350</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>NICHOLSON, BARBARA</b>		NAME		
STREET ADDRESS	<b>3867 LAKE JOYCE DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>LAND O LAKES, FL 346394698</b>		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>VANBEBBER, JO</b>		NAME		
STREET ADDRESS	<b>301 DEBUEL RD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>LUTZ, FL 335495400</b>		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>FERNANDEZ, ANNIE</b>		NAME	<b>Fernandez, Annie</b>	
STREET ADDRESS	<b>10928 N EDISON AVE</b>		STREET ADDRESS	<b>101 First Avenue N.E.</b>	
CITY-ST-ZIP	<b>TAMPA, FL 33612</b>		CITY-ST-ZIP	<b>Lutz, FL 33549</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BENTON, CHERYL</b>		NAME		
STREET ADDRESS	<b>707 CHANCELLAR DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>LUTZ, FL 335484512</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WOODWELL, MARY</b>		NAME	<b>Woodwell, Mary</b>	
STREET ADDRESS	<b>2741 SHADECREST RD</b>		STREET ADDRESS	<b>P.O. Box 2274</b>	
CITY-ST-ZIP	<b>TAMPA, FL 336122374</b>		CITY-ST-ZIP	<b>Land O' Lakes, FL 34639-2274</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>COOPER, SARA</b>		NAME		
STREET ADDRESS	<b>19620 LAKE OSCEOLA LN</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ODESSA, FL 33556</b>		CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> <i>Barbara Nicholson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>3/20/08</b> <b>813-446-1742</b> <small>Date Daytime Phone #</small>		

*Barbara Nicholson, President*