

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90088 040 ****70.00

DOCUMENT # 733072 1. Entity Name GFWC WOMAN'S CLUB OF CLEARWATER, INC.					
Principal Place of Business C/O SHERRILL ROBERSON 1631 DALE CIR. SO. DUNEDIN, FL 34698 US			Mailing Address C/O SHERRILL ROBERSON 1631 DALE CIR. SO. DUNEDIN, FL 34698 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 59-1637435				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROBERSON, SHERRILL 631 DALE CIRCLE SOUTH DUNEDIN, FL 34698				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ 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, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOLE, LUCILLE 2331 BELLAIR RD, #813 CLEARWATER, FL 33764	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Second Vice President</i> ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOTSER, ADRIANA 521 PONCE DE LEON BLVD CLEARWATER, FL 33756	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Deceased</i> ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS EDIE, LORRAINE 2513B OAK LEAF LN CLEARWATER, FL 33763	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Corresponding secretary</i> ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WURMLE, MARY 2171 PINE RIDGE DR CLEARWATER, FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Director Nancy Wurmle 2136 Scotland Dr Clearwater, FL 33763</i> ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBERSON, SHERRILL 1631 DALE CIR. SO. DUNEDIN, FL 34698	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP HAUSER, JANET 2204 SEQUOIA DR CLEARWATER, FL 33763	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Acting President</i> ☐ Change ☐ 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>Sherrill E. Roberson</i> <i>Sherrill E. Roberson</i> <i>3/10/06</i> <i>727 734-8500</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					