


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90006 035 ****61.25

DOCUMENT # 734269					
1. Entity Name GFWC GREATER WEST PALM BEACH WOMEN'S CLUB, INC.					
Principal Place of Business P.O. BOX 16311 WEST PALM BEACH, FL 33416 US			Mailing Address P.O. BOX 16311 WEST PALM BEACH, FL 33416 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 59-1747139	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BLACKFORD, JANET 3618 VALLEY WAY WEST PALM BEACH, FL 33406			Name <u>Louise Wagoner</u> Street Address (P.O. Box Number is Not Acceptable) <u>9469 Silver Thorne Dr.</u> City <u>Lake Park</u> <u>FL</u> Zip Code <u>33403</u>		
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 <u>Louise Wagoner, President</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <u>2-28-06</u>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GAUGER, PHYLLIS		NAME		
STREET ADDRESS	14482 AUTUM AVE		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33414		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLACKFORD, JANET		NAME	<u>D</u>	
STREET ADDRESS	3618 VALLEY WAY		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33406		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALEXIN, GAY		NAME		
STREET ADDRESS	836 BISCAYNE DR		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PIKE, JEFFANNE		NAME		
STREET ADDRESS	4288 EDWARD ROAD		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33406		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MITCHELL, MARY EVELYN		NAME		
STREET ADDRESS	2382 EDGEWATER DR		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33406		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALLUM, JANET		NAME	<u>Merrie Beuttenmuller</u>	
STREET ADDRESS	3082 CHAPEL ST		STREET ADDRESS	<u>1088 Sanctuary Cove Dr.</u>	
CITY-ST-ZIP	LAKE PARK, FL 33403		CITY-ST-ZIP	<u>North Palm Beach, FL 33410</u>	
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: <u>GAY ALEXIN</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>2/28/06</u> DAYTIME PHONE # <u>561-832-4603</u>		