

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

**FILED**  
**Feb 22, 2007 08:00 AM**  
**Secretary of State**

**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**



01262007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1747139**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**WAGONER, LOUISE  
9469 SILVER THORNE DR  
LAKE PARK, FL 33403**

**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  
**D  
BLACKFORD, JANET  
3618 VALLEY WAY  
WEST PALM BEACH, FL 33406**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
ALEXIN, GAY  
836 BISCAYNE DR  
WEST PALM BEACH, FL 33401**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
PIKE, JEFFANNE  
4288 EDWARD ROAD  
WEST PALM BEACH, FL 33406**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MITCHELL, MARY EVELYN  
2382 EDGEWATER DR  
WEST PALM BEACH, FL 33406**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
BEUTTENMULLER, MERRIE  
1088 SANCTUARY COVE DR  
NORTH PALM BEACH, FL 33410**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000643994  
03/02/07-80025-008 61.25

**DO NOT WRITE  
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:**

*Gay Alexin* **Gay Alexin** 2/12/07 561-832-4603

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #