

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734442

FILED  
Jul 15, 2009  
Secretary of State

Entity Name: G F W C ARCADIA WOMAN'S CLUB, INC

**Current Principal Place of Business:**

2288 N. AMERICAN LEGION WAY  
ARCADIA, FL 342650204 US

**New Principal Place of Business:**

**Current Mailing Address:**

WEST HICKORY STREET ( OLD BRADENTON RD.)  
P.O. BOX 204  
ARCADIA, FL 342650204 US

**New Mailing Address:**

FEI Number: 59-2366309      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

VARNER, IRIS  
2943 SE CREEKWOOD  
ARCADIA, FL 33821 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ORTON, PEGGY  
Address: 2626 NE HWY 70 LOT 167  
City-St-Zip: ARCADIA, FL 34266

Title: D ( ) Delete  
Name: VARNER, IRIS  
Address: 2943 SE CREEKWOOD DR  
City-St-Zip: ARCADIA, FL 34266

Title: SD ( ) Delete  
Name: ARRINGTON, MARY  
Address: 1525 SE TANGELO DR  
City-St-Zip: ARCADIA, FL 34266

Title: VP ( ) Delete  
Name: CARLTON, ZONA  
Address: 5750 SW SMITH RD  
City-St-Zip: ARCADIA, FL 34265

Title: S ( ) Delete  
Name: WIGHT, LOIS  
Address: 7419 SW OAK POINT DRIVE  
City-St-Zip: ARCADIA, FL 34269

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IRIS I. VARNER

MRS.

07/15/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date