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

Apr 27, 2007 8:00 am Secretary of State **DOCUMENT #736365** 04-27-2007 90206 013 ****61.25 GFWC HOLLYWOOD WOMEN'S CLUB, INC. Principal Place of Business Mailing Address 501 N. 14TH AVENUE 501 N. 14TH AVENUE HOLLYWOOD, FL 33020-5209 HOLLYWOOD, FL 33020-5209 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03302007 Cha-NP CR2E037 (12/06) Applied For City & State City & State 4. FEI Number 59-6137224 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ZEHL, AMANDA S Street Address (P.O. Box Number is Not Acceptable) 1017 TYLER ST HOLLYWOOD, FL 33019 City Zip Code FL 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 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. D TITLE ☐ Delete TITLE ☐ Change M Addition FROST, SELINA ITA QUINN NAME NAME 1201 S. OCEAN DR # 1402 2991 SW 22ND ST STREET ADDRESS STREET ADDRESS HOLLY WOOD, FL 33019 CITY-ST-ZIP FORT LAUDERDALE, FL 33312 CITY-ST-ZIP VP D Change MILE ☐ Delete TITLE **₩** Addition HANETTE SWIECKOWSKI VOGLER, HERMINE NAME STREET ADDRESS 208 ST ANDREWS RD STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33021 CITY-ST-ZIP HOW/WOOD, FL 33019 ☐ Detete ☐ Change ☐ Addition SALVINO, COLETTE NAME NAME STREET ADDRESS 2710 S. OCEAN DR #205 STREET ADDRESS HOLLYWOOD, FL 33019 CITY-ST-ZIP CITY-ST-ZIP IIILE Detete TITLE ☐ Change ☐ Addition ZEHL, AMANDA NAME NAME STREET ADDRESS 1017 TYLER ST STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33019 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition LEAMAN, NORMA NAME NAME STREET ADDRESS 917 N 17TH AVE STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33020 CITY-ST-ZIP TITLE Delete TITLE ☐ Chance Addition DOBRE, BRIDGET NAME NAME 1201 S. OCEAN DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD, 33 01920 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.

AMANDA

ITED NAME OF BIGKING OFFICER OR DIRECTO

SIGNATURE:

SIGNATURE AND TYPED OR PR

FILED

954-929-6213

Daytime Phone #