2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736365

FILED Apr 28, 2008 Secretary of State

Entity Name: GFWC HOLLYWOOD WOMEN'S CLUB, INC.

Current Principal Place of Business: New Principal Place of Business: 501 N. 14TH AVENUE HOLLYWOOD, FL 330205209 **Current Mailing Address: New Mailing Address:** 501 N. 14TH AVENUE HOLLYWOOD, FL 330205209 FEI Number: 59-6137224 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ZEHL, AMANDA S MOSKOL, PATRICIA 1017 TYLER ST 1079 TYLER ST HOLLYWOOD, FL 33019 US HOLLYWOOD, FL 33019 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: PATRICIA MOSKOL 04/28/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition FROST, SELINA Name: Name: 2991 SW 22ND ST Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33312 City-St-Zip: Title: () Delete Title: () Change () Addition VOGLER, HERMINE Name: Name: Address: 208 ST ANDREWS RD Address: City-St-Zip: HOLLYWOOD, FL 33021 City-St-Zip: Title: () Delete Title: () Change () Addition SALVINO, COLETTE Name: Name: 2710 S. OCEAN DR #205 Address: Address: City-St-Zip: HOLLYWOOD, FL 33019 City-St-Zip: () Delete Title: Title: () Change () Addition ITA. QUINN Name: Name: 1201 S. OCEAN DR. #1402 Address: Address: City-St-Zip: HOLLYWOOD, FL 33019 City-St-Zip: Title: () Delete Title: () Change () Addition LEAMAN, NORMA Name: Name: 917 N 17TH AVE Address: Address: City-St-Zip: HOLLYWOOD, FL 33020 City-St-Zip: Title: () Delete Title: () Change () Addition SWIECKOWSKI, NANETTE Name: Name: Address: 1323 HOLLYWOOD BLVD Address: HOLLYWOOD, FL 33019 City-St-Zip: 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: PATRICIA MOSKOL RA 04/28/2008