

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736494

FILED
Apr 12, 2009
Secretary of State

Entity Name: GFWC PORT ST. LUCIE WOMAN'S CLUB, INC.

Current Principal Place of Business:

1267 SE CORAL REEF ST
PORT SAINT LUCIE, FL 34983

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 7155
PORT SAINT LUCIE, FL 349857155

New Mailing Address:

P.O. BOX 7155
PORT SAINT LUCIE, FL 34985

FEI Number: 59-6575833

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAMILTON, JEAN
1267 SE CORAL REEF ST
PORT SAINT LUCIE, FL 34983 US

Name and Address of New Registered Agent:

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: P () Delete
Name: HAMILTON, JEAN
Address: 1267 SE CORAL REEF ST
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: 1VP () Delete
Name: PAGLIONE, MARY
Address: 941 SW GRAND RESERVES BLVD
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: 2VP () Delete
Name: MANLEY, ALYCE
Address: 2175 SE HARDING ST
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: S () Delete
Name: ROMAN, JUNE
Address: 1261 SE MENDAVIA AVE
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: T () Delete
Name: SILLETTO, PEGGY
Address: 671 SE STOW TERRACE
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: D () Delete
Name: DESTEFANO, ELIZABETH
Address: 1438 BUCKINGHAM TERR
City-St-Zip: PORT SAINT LUCIE, FL 34952

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:

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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: JEAN HAMILTON

P

04/12/2009

Electronic Signature of Signing Officer or Director

Date