

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736494

FILED  
Jan 28, 2010  
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:**

671 SE STOW TERRACE  
PORT ST LUCIE, FL 34984

**Current Mailing Address:**

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

**New Mailing Address:**

P. O. BOX 7155  
PORT ST 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:**

PAGLIONE, MARY  
941 SW GRAND RESERVES BLVD  
PORT ST LUCIE, FL 34986 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: MARY PAGLIONE

01/28/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: PAGLIONE, MARY  
Address: 941 SW GRAND RESERVES BLVD  
City-St-Zip: PORT ST LUCIE, FL 34986

Title: 1VP  
Name: MARTIN, EVELYN  
Address: 2643 TROPICAL EACT CIRCLE  
City-St-Zip: PORT ST LUCIE, FL 34952

Title: 2VP  
Name: PENALIGON, DOROTHY  
Address: 501 SW HAMPTON COURT  
City-St-Zip: PORT ST LUCIE, FL 34986

Title: S  
Name: SURIANO, MARILYN  
Address: 1218 SW PARADISE COVE  
City-St-Zip: PORT ST LUCIE, FL 34986

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

Title: D  
Name: HAMILTON, JEAN  
Address: 1267 SE CORAL REEF STREET  
City-St-Zip: PORT SAINT LUCIE, FL 34953

I hereby 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 all other like empowered.

SIGNATURE: PEGGY SILLETTO

T

01/28/2010

Electronic Signature of Signing Officer or Director

Date