

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90022 043 ****61.25

DOCUMENT # 738302 1. Entity Name GWFC BRANDON SERVICE LEAGUE, INC.					
Principal Place of Business 121 ASHBROOK DR PO BOX 140 BRANDON FL 33509-7140		Mailing Address P O BOX 140 PO BOX 140 BRANDON FL 33509-0140 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1729630	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ELAM, PAT 121 ASHBROOK DR BRANDON FL 33511				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARBRIDGE, SUSAN 4432 GENTRICE DR. VALRICO FL 33594	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURNER, ZANA 1609 SUNNYHILLS DR. BRANDON FL 33510	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZAMEROSKI, ROSEMARY 5918 VALRICO GROVE DR. VALRICO FL 33594	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZAMEROSKI, ROSEMARY 824 CITRUS WOOD LANE VALRICO FL 33594	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ELAM, PATRICIA 121 ASHBROOK DR BRANDON FL 33511	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	XXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.					
SIGNATURE: <u>Rosemary Zameroski</u> Rosemary Zameroski <u>2/26/07</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					