


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

**FILED**  
**Feb 07, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 738521</b> 1. Entity Name <b>GFWC CRESCENT CITY WOMAN'S CLUB, INC.</b>					
Principal Place of Business <b>604 N SUMMIT STREET CRESCENT CITY FL 32112 US</b>			Mailing Address <b>604 N SUMMIT STREET CRESCENT CITY FL 32112</b>		
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 <b>59-2348234</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FAWLEY, DOROTHY A 205 KANSAS STREET SATSUMA FL 32189</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P <input type="checkbox"/> Delete <b>GARLAND, FREIDA 616 OLD HWY 17 CRESCENT CITY FL 32112</b>		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>U000000626442 02/15/07-80021-011 70.00</b>	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	1VP <input type="checkbox"/> Delete <b>TURNER, JANET 520 N. PARK ST CRESCENT CITY FL 32112</b>		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	2VP <input type="checkbox"/> Delete <b>EDWARDS, PATRICA 200 CRESCENT LANE CRESCENT CITY FL 32112</b>		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	3VP <input type="checkbox"/> Delete <b>LIVINGSTONE, MARSHA 140 PARK DR SATSUMA FL 32189</b>		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	RSEC <input type="checkbox"/> Delete <b>LOVE-TINSETH, DOROTHY 518 N LAKE ST CRESCENT CITY FL 32112</b>		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TRES <input type="checkbox"/> Delete <b>FAWLEY, DOROTHY A 305 KANSAS STREET SATSUMA FL 32189</b>		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:** *Dorothy A Fawley* **Dorothy A FAWLEY** 2/4/07