

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 738566

FILED
Dec 01, 2009
Secretary of State

Entity Name: GFWC ROYALE WOMAN'S CLUB OF BOCA RATON, INC.

Current Principal Place of Business:

150 NW CRAWFORD BOULEVARD
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1077
BOCA RATON, FL 334291077

New Mailing Address:

FEI Number: 59-6223407 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KEELEY, JOSEPH F., P.A.
2424 NO. FEDERAL HIGHWAY
SUITE 314
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

HERB & KAUFFMAN, P.A.
2200 CORP. BLD. N.W.
SUITE 315
BOCA RATON, FL 33431 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: JAMES A. HERB

12/01/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SPERANO, PATRICIA M PH.D.
Address: 23427 MIRABELLA CIRCLE SOUTH
City-St-Zip: BOCA RATON, FL 33433

Title: V () Delete
Name: WILLIAMS, JANICE
Address: 6099 NW 31ST TERRACE
City-St-Zip: BOCA RATON, FL 33496

Title: V (X) Delete
Name: KEELEY, JACQUELYN
Address: PBCC-3000 ST. LUCIE AVENUE
City-St-Zip: BOCA RATON, FL 33431

Title: S () Delete
Name: PHELPS, ANNETTE
Address: 780 ELM TREE LANE
City-St-Zip: BOCA RATON, FL 33486

Title: T () Delete
Name: OSTBERG, PERNILLE
Address: 6711 N OCEAN BLVD #26
City-St-Zip: OCEAN RIDGE, FL 33435

Title: D (X) Delete
Name: SCHAEFFER, ETTA
Address: 20100 NORTHCOTE DRIVE
City-St-Zip: BOCA RATON, FL 33434

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HERB, GWEN G
Address: 2403 N.W. 30TH STREET
City-St-Zip: BOCA RATON, FL 33431

Title: V (X) Change () Addition
Name: WEIDENFELD, JOAN
Address: 6530 BOCA DEL MAR DRIVE, #637
City-St-Zip: BOCA RATON, FL 33433

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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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: GWEN HERB

P

12/01/2009

Electronic Signature of Signing Officer or Director

Date