

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2004 8:00 am**  
**Secretary of State**

03-24-2004 90032 024 \*\*\*\*61.25

<b>DOCUMENT # 742898</b>					
<b>1. Entity Name</b> G.F.W.C. CORAL SPRINGS WOMAN'S CLUB INC.					
<b>Principal Place of Business</b> PO BOX 8317 CORAL SPRINGS, FL 33075 US			<b>Mailing Address</b> PO BOX 8317 CORAL SPRINGS, FL 33075 US		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02162004 Chg-NP CR2E037 (10/03)	
<b>4. FEI Number</b> 23-7115035				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
SOMMERER, DIANE K. 3300 UNIVERSITY DRIVE #225 CORAL SPRINGS, FL 33071			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		<b>9. Election Campaign Financing</b> 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>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD <b>NAME</b> ALEXANDER, JEAN <b>STREET ADDRESS</b> 7356 NW 76TH DR <b>CITY-ST-ZIP</b> POMPANO BEACH, FL 33067	<input type="checkbox"/> Delete		<b>TITLE</b> P <b>NAME</b> Novak, Sandy <b>STREET ADDRESS</b> 11351 NW 11 Ct. <b>CITY-ST-ZIP</b> Coral Springs, FL 33071	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VD <b>NAME</b> GARDNER, KAREN <b>STREET ADDRESS</b> 4001 NW 94TH TERRACE <b>CITY-ST-ZIP</b> CORAL SPRINGS, FL 38065	<input type="checkbox"/> Delete		<b>TITLE</b> V <b>NAME</b> Henry, Lucy <b>STREET ADDRESS</b> 5381 NW 100 Ave. <b>CITY-ST-ZIP</b> Coral Springs, FL 33076	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> V <b>NAME</b> PERRY, VALARIE <b>STREET ADDRESS</b> 7100 NW 75 ST <b>CITY-ST-ZIP</b> POMPANO BEACH, FL 33067	<input type="checkbox"/> Delete		<b>TITLE</b> V <b>NAME</b> Kazzal, Judith <b>STREET ADDRESS</b> 11668 NW 2 Dr. <b>CITY-ST-ZIP</b> Coral Springs, FL 33071	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VD <b>NAME</b> ROSE, HOLLY <b>STREET ADDRESS</b> 6577 NW 55 MANOR <b>CITY-ST-ZIP</b> POMPANO BEACH, FL 33067	<input type="checkbox"/> Delete		<b>TITLE</b> V <b>NAME</b> Rose, Holly <b>STREET ADDRESS</b> 6577 NW 55 Manor <b>CITY-ST-ZIP</b> Coral Springs, FL 33067	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> S <b>NAME</b> GREENWOOD, JOYCE <b>STREET ADDRESS</b> 9404 NW 38RD ST <b>CITY-ST-ZIP</b> CORAL SPRINGS, FL 38065	<input type="checkbox"/> Delete		<b>TITLE</b> S <b>NAME</b> Page, Joyce <b>STREET ADDRESS</b> 11243 NW 11 Ct. <b>CITY-ST-ZIP</b> Coral Springs, FL 33071	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> T <b>NAME</b> FINCH, LINDA <b>STREET ADDRESS</b> 8842 NW 20 MANOR <b>CITY-ST-ZIP</b> POMPANO BEACH, FL 33071	<input type="checkbox"/> Delete		<b>TITLE</b> T <b>NAME</b> Finch, Linda <b>STREET ADDRESS</b> 8842 NW 20 Manor <b>CITY-ST-ZIP</b> Coral Springs, FL 33071	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b>					
<b>SIGNATURE:</b> <u>Linda S. Finch</u> <u>Treasurer</u> <u>Linda S. Finch</u> <u>3/21/04</u> <u>954-753-8642</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					