

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90325 017 ****61.25

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03192006 Chg-NP CR2E037 (11/05)

DOCUMENT # 742898 1. Entity Name G.F.W.C. CORAL SPRINGS WOMAN'S CLUB INC.					
Principal Place of Business PO BOX 8317 CORAL SPRINGS, FL 33075 US			Mailing Address PO BOX 8317 CORAL SPRINGS, FL 33075 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 23-7115035	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SOMMERER, DIANE K. 3300 UNIVERSITY DRIVE #225 CORAL SPRINGS, FL 33071			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOVAK, SANDY		NAME	Page, Joyce	
STREET ADDRESS	11351 NW 11 CT		STREET ADDRESS	11293 NW 11 Ct.	
CITY-ST-ZIP	POMPANO BEACH, FL 33071		CITY-ST-ZIP	Coral Springs, FL 33071	
TITLE	V	<input type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, CHARLOTTE		NAME	Laux, Kathy	
STREET ADDRESS	6710 NW 45 TERRACE		STREET ADDRESS	610 NW 104 Ave.	
CITY-ST-ZIP	COCONUT CREEK, FL 33073		CITY-ST-ZIP	Coral Springs, FL 33071	
TITLE	V	<input type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAZDAL, JUDITH		NAME	Novak, Sandy	
STREET ADDRESS	11668 NW 2 DR		STREET ADDRESS	11351 NW 11 Ct.	
CITY-ST-ZIP	POMPANO BEACH, FL 33071		CITY-ST-ZIP	Coral Springs, FL 33071	
TITLE	V	<input type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAUX, KATHY		NAME	Sachar, Dolores	
STREET ADDRESS	610 NW 104 AVE		STREET ADDRESS	2752 N. Palm Aire Dr.	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071		CITY-ST-ZIP	Pompano Beach, FL 33069	
TITLE	S	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAGE, JOYCE		NAME	Addicott, Bonnie	
STREET ADDRESS	11293 NW 11 CT		STREET ADDRESS	5741 NW 122 Ter.	
CITY-ST-ZIP	POMPANO BEACH, FL 33071		CITY-ST-ZIP	Coral Springs, FL 33076	
TITLE	T	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SACHAR, DOLORES		NAME	Finch, Linda	
STREET ADDRESS	2752 N PALM AIRE DR		STREET ADDRESS	8842 NW 20 Manor	
CITY-ST-ZIP	POMPANO BEACH, FL 33069		CITY-ST-ZIP	Coral Springs, FL 33071	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Linda S. Finch</i> <i>Linda S. Finch</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-5-06 954-753-8642 <small>Date Daytime Phone #</small>		