

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90157 004 ****61.25

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DOCUMENT # 743377			
1. Entity Name GFWC MERRITT ISLAND WOMAN'S CLUB, INC.			
Principal Place of Business PO BOX 540924 MERRITT ISLAND, FL 32954-0924 US		Mailing Address PO BOX 540924 ATTN: TREASURER MERRITT ISLAND, FL 32954-0924 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
01192005		Chg-NP CR2E037 (10/03)	
4. FEI Number 59-6206108		Applied For <input type="checkbox"/> Not Applicable	
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	
CAIRNES, ANNE F 851 GARDENER RD ROCKLEDGE, FL 32955		Name <u>Rachel C. Garza</u> Street Address (P.O. Box Number is Not Acceptable) <u>1192 Curry-Dell Lane</u> City <u>Merritt Island</u> FL Zip Code <u>32952</u>	
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 <u>Rachel C. Garza</u>		SIGNATURE <u>Rachel C. Danga, Treasurer</u> DATE <u>04/08/05</u>	
Filing Fee is \$81.25 Due by May 1, 2005		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	PD	TITLE	President
NAME	NELSON, JACKIE	NAME	Lois Katzin
STREET ADDRESS	260 E LAUREN CT	STREET ADDRESS	980 O'Hara Drive
CITY-ST-ZIP	MERRITT ISLAND, FL 32952	CITY-ST-ZIP	Rockledge, FL 32955-2326
TITLE	1VPD	TITLE	
NAME	THIRWELL, CATHY	NAME	
STREET ADDRESS	4055 OLD SETTLEMENT ROAD	STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952	CITY-ST-ZIP	
TITLE	2VPD	TITLE	2VPD
NAME	THOMAS, NORMA	NAME	Sara Hall
STREET ADDRESS	220 S 5TH STREET B204	STREET ADDRESS	500 Hidden Hollow Dr.
CITY-ST-ZIP	COCOA BEACH, FL 32931	CITY-ST-ZIP	Merritt Island, FL 32952-4064
TITLE	3VPD	TITLE	3VPD
NAME	CARTER, LYNN	NAME	Marlene Henry
STREET ADDRESS	1025 ROCKLEDGE DR	STREET ADDRESS	385 Hibiscus Blvd.
CITY-ST-ZIP	ROCKLEDGE, FL 32955	CITY-ST-ZIP	Merritt Island, FL 32952-5072
TITLE	RS	TITLE	RS
NAME	AUCHTER, BETTY	NAME	Joanne Strucher
STREET ADDRESS	250 MALAGA COURT	STREET ADDRESS	1465 Central Ave.
CITY-ST-ZIP	MERRITT ISLAND, FL 32953	CITY-ST-ZIP	Merritt Island, FL 32952-5634
TITLE	TD	TITLE	TD
NAME	CAIRNES, ANNE	NAME	Rachel Garza
STREET ADDRESS	851 GARDENER RD	STREET ADDRESS	1192 Curry-Dell Lane
CITY-ST-ZIP	ROCKLEDGE, FL 32955	CITY-ST-ZIP	Merritt Island, FL 32952-6128
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.			
SIGNATURE: <u>Rachel C. Danga / Rachel C. Garza, Treas.</u>		DATE <u>04/08/05</u> Daytime Phone # <u>321/452-0107</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	