


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 14, 2006 08:00 AM
Secretary of State**

DOCUMENT # 743377 1. Entity Name GFWC MERRITT ISLAND WOMAN'S CLUB, INC.	
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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
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04102006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-6206108	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARZA, RACHEL C
1192 CURRY-DELL LANE
MERRITT ISLAND, FL 32952

**DO NOT WRITE
IN THIS SPACE**

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 Rachel C. Danya Rachel C. Garza 04/11/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KATZIN, LOIS 980 O'HARA DRIVE ROCKLEDGE, FL 329552326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VPD THIRWELL, CATHY 4055 OLD SETTLEMENT ROAD MERRITT ISLAND, FL 32952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD HALL, SARA 500 HIDDEN HOLLOW DR MERRITT ISLAND, FL 329524064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3VPD HENRY, MARLENE 385 HIBISCUS BLVD MERRITT ISLAND, FL 329525072
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS STRUCHER, MARLENE 1465 CENTRAL AVE MERRITT ISLAND, FL 329525634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GARZA, RACHEL 1192 CURRY-DELL LANE MERRITT ISLAND, FL 329526128

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04/28/06-80003-010 61.25

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IN THIS SPACE**

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: Rachel C. Danya Rachel C. Garza 04/11/06 (321) 452-0107
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #