


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90040 028 ****61.25

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 - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01072007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-6206108

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
GARZA, RACHEL C
1192 CURRY-DELL LANE
MERRITT ISLAND, FL 32952

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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. Garza* *Rachel C. Garza* *01/21/07*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is **\$61.25**
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$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 NAME STREET ADDRESS CITY-ST-ZIP	P KATZIN, LOIS 980 O'HARA DRIVE ROCKLEDGE, FL 329552326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Jackie Nelson 260 East Lauren Ct. Merritt Island, FL 32952-3614 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VPD THIRWELL, CATHY 4055 OLD SETTLEMENT ROAD MERRITT ISLAND, FL 32952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP Hazel Stucke 2210 Heron Dr. Merritt Island, FL 32952-4045 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD HALL, SARA 500 HIDDEN HOLLOW DR MERRITT ISLAND, FL 329524064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP Joyce Malperc 595 Parkside Ave. Merritt Island, FL 32953-4173 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3VPD HENRY, MARLENE 385 HIBISCUS BLVD MERRITT ISLAND, FL 329525072 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3VP Jo Shill 540 Plantation Rd. Merritt Island, FL 32952-4033 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS STRUCHER, MARLENE 1465 CENTRAL AVE MERRITT ISLAND, FL 329525634 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS Joanne Strucher 1465 Central Ave. Merritt Island, FL 32952-5634 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GARZA, RACHEL 1192 CURRY-DELL LANE MERRITT ISLAND, FL 329526128 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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. Garza* *Rachel C. Garza* *01/21/07* *(321) 452-0107*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #