


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90105 026 \*\*\*\*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.

3. Mailing Address  
 Suite, Apt. #, etc.

04042008 Chg-NP CR2E037 (12/06)

City & State  
 City & State

Zip Country Zip Country

4. FEI Number  
**59-6206108**

Applied For  
 Not Applicable

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

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  
**Peggy Huff**

Street Address (P.O. Box Number is Not Acceptable)  
**110 Hacienda Dr.**

City  
**Merritt Island** FL Zip Code  
**32952**

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 04/18/08

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

Filing Fee is **\$61.25** Due by **May 1, 2008**

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	NELSON, JACKIE	
STREET ADDRESS	260 E. LAUREN CT.	
CITY-ST-ZIP	MERRITT ISLAND, FL 32954	
TITLE	1VPD	<input checked="" type="checkbox"/> Delete
NAME	STUCKE, HAZEL	
STREET ADDRESS	2210 HERON DR.	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952	
TITLE	2VPD	<input checked="" type="checkbox"/> Delete
NAME	MALPERC, JOYCC	
STREET ADDRESS	595 PARKSIDE AVE.	
CITY-ST-ZIP	MERRITT ISLAND, FL 32953	
TITLE	3VPD	<input checked="" type="checkbox"/> Delete
NAME	SHILL, JO	
STREET ADDRESS	540 PLANTATION RD.	
CITY-ST-ZIP	MERRITT ISLAND, FL 329525072	
TITLE	RS	<input type="checkbox"/> Delete
NAME	STRUCHER, JOANNE	
STREET ADDRESS	1465 CENTRAL AVE	
CITY-ST-ZIP	MERRITT ISLAND, FL 329525634	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	GARZA, RACHEL	
STREET ADDRESS	1192 CURRY-DELL LANE	
CITY-ST-ZIP	MERRITT ISLAND, FL 329526128	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Loiskatzin	
STREET ADDRESS	480 O'Hara Dr.	
CITY-ST-ZIP	Rockledge, FL 32955-2326	
TITLE	1VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jackie Nelson	
STREET ADDRESS	260 E. Lauren Ct.	
CITY-ST-ZIP	Merritt Island, FL 32952-3614	
TITLE	2VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pat Hobbs	
STREET ADDRESS	5775 N. Tropical Trail	
CITY-ST-ZIP	Merritt Island, FL 32953-7206	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Peggy Huff	
STREET ADDRESS	110 Hacienda Dr.	
CITY-ST-ZIP	Merritt Island, FL 32952-6407	

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 04/18/08 321/452-0107

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