



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-21-2008 90105 026 \*\*\*\*61.25

<b>DOCUMENT # 743377</b> 1. Entity Name <b>GFWC MERRITT ISLAND WOMAN'S CLUB, INC.</b>					
Principal Place of Business <b>PO BOX 540924</b> <b>MERRITT ISLAND, FL 32954-0924 US</b>			Mailing Address <b>PO BOX 540924</b> <b>ATTN: TREASURER</b> <b>MERRITT ISLAND, FL 32954-0924 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		04042008    Chg-NP    CR2E037 (12/06)	
Zip		Country		4. FEI Number <b>59-6206108</b>	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent  <b>GARZA, RACHEL C</b> <b>1192 CURRY-DELL LANE</b> <b>MERRITT ISLAND, FL 32952</b>		7. Name and Address of New Registered Agent  Name <b>Peggy Huff</b> Street Address (P.O. Box Number is Not Acceptable) <b>110 Hacienda Dr.</b>  City <b>Merritt Island</b> <b>FL</b> Zip Code <b>32952</b>			
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 <i>Rachel C. Garza</i> <small>Signature, typed or printed name of registered agent (and title if applicable)</small>		<i>Rachel C. Garza</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		04/18/08 <small>DATE</small>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NELSON, JACKIE 260 E. LAUREN CT. MERRITT ISLAND, FL 32954	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Loiskatzin 480 O'Hara Dr. Rockledge, FL 32955-2326	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VPD STUCKE, HAZEL 2210 HERON DR. MERRITT ISLAND, FL 32952	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VPD Jackie Nelson 260 E. Lauren Ct. Merritt Island, FL 32952-3614	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD MALPERC, JOYCC 595 PARKSIDE AVE. MERRITT ISLAND, FL 32953	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP Pat Hobbs 5775 N. Tropical Trail Merritt Island, FL 32953-7206	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3VPD SHILL, JO 540 PLANTATION RD. MERRITT ISLAND, FL 329525072	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS STRUCHER, JOANNE 1465 CENTRAL AVE MERRITT ISLAND, FL 329525634	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Peggy Huff 110 Hacienda Dr. Merritt Island, FL 32952-6407	<input checked="" 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.					
<b>SIGNATURE:</b> <i>Rachel C. Garza</i> <i>Rachel C. Garza</i>		04/18/08    321/452-0107		<small>Daytime Phone #</small>	