

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743377

FILED
Apr 29, 2009
Secretary of State

Entity Name: GFWC MERRITT ISLAND WOMAN'S CLUB, INC.

Current Principal Place of Business:

PO BOX 540924
MERRITT ISLAND, FL 329540924 US

New Principal Place of Business:

KIWANIS ISLAND
MERRITT ISLAND, FL 329540924 US

Current Mailing Address:

PO BOX 540924
ATTN: TREASURER
MERRITT ISLAND, FL 329540924 US

New Mailing Address:

FEI Number: 59-6206108 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUFF, PEGGY
110 HACIENDA DR
MERRITT ISLAND, FL 32952 US

Name and Address of New Registered Agent:

HUFF, PEGGY A MRS
110 HACIENDA DR
MERRITT ISLAND, FL 32952 US

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.

SIGNATURE: PEGGY A. HUFF

04/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KATZIN, LOIS
Address: 980 O'HARA DR
City-St-Zip: ROCKLEDGE, FL 32955

Title: 1VPD () Delete
Name: NELSON, JACKIE
Address: 260 E. LAUREN CT
City-St-Zip: ROCKLEDGE, FL 32955

Title: 2VPD () Delete
Name: HOBBS, PAT
Address: 5775 N. TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32952

Title: RS () Delete
Name: STRUCHER, JOANNE
Address: 1465 CENTRAL AVE
City-St-Zip: MERRITT ISLAND, FL 329525634

Title: TD () Delete
Name: HUFF, PEGGY
Address: 110 HACIENDA DR
City-St-Zip: MERRITT ISLAND, FL 32952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TREA (X) Change () Addition
Name: HUFF, PEGGY
Address: 110 HACIENDA DR
City-St-Zip: MERRITT ISLAND, FL 32952

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PEGGY A. HUFF

TREA

04/29/2009

Electronic Signature of Signing Officer or Director

Date