

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90015 030 ****61.25



DOCUMENT # 745423
1. Entity Name
THE GENERAL WOMANS CLUB OF LEHIGH ACRES, INC.

Principal Place of Business Mailing Address
200 LELAND HEITS BLVD 486 LEMHURST AVE S
LEHIGH ACRES FL 33936 LEHIGH ACRES FL 33936
US US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State

1st MOORE CR2E037 (10/06)

4. FEI Number Applied For
59-1674022 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required
Zip Country Zip Country
33972 LEE

6. Name and Address of Current Registered Agent
PARISH, GRACE
486 LEMHURST AVE S
LEHIGH ACRES, FL 33936

7. Name and Address of New Registered Agent
Name Norma L. Johnson
Street Address (P.O. Box Number is Not Acceptable)
122 Sebring Circle
City Lehigh Acres FL Zip Code 33972

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 Norma L. Johnson Norma L. Johnson, President 2-12-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

FILE NOW: 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PARISH, GRACE 486 LEMHURST AVE S LEHIGH ACRES FL 33936 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PERRY, ELIZABETH 1230 VILLAGE LAKES BLVD, # 206 LEHIGH ACRES FL 33936 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP KARANSKI, SHIRLEY 753 MIRROR LAKES DR LEHIGH ACRES FL 33936 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONEY, REBA 35 HAMLIN COURT LEHIGH ACRES FL 33936 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP STICKLE, BETTY 189 GROUND DOVE CIRCLE LEHIGH ACRES FL 33936 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BETTS, MARIE 254 DAVID AVE LEHIGH ACRES FL 33972 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Norma L. Johnson 122 Sebring Circle Lehigh Acres, FL. 33972 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP BETTY STICKLE 289 GROUND DOVE CIRCLE LEHIGH ACRES FL 33936 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAROL NEARY D 303 HOLLYWOOD ST LEHIGH ACRES FL 33972 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARY K DICE - D 10631 WINDSMONT CT LEHIGH ACRES FL 33936 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 Section 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: Norma L. Johnson Norma L. Johnson, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #