


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90064 010 ****61.25

DOCUMENT # 765128
 1. Entity Name
GFWC AUBURNDALE WOMAN'S CLUB, INC.



Principal Place of Business Mailing Address
% ANN W JAMES **% ANN W JAMES**
115 PATTERSON DRIVE **115 PATTERSON DRIVE**
AUBURNDALE FL 33823 **AUBURNDALE FL 33823**

50009950



1st MOORE CR2E037 (10/04)

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
59-2517363 Not Applicable

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

6. Name and Address of Current Registered Agent
JAMES, ANN W
115 PATTERSON DRIVE
AUBURNDALE FL 33823

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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 JAMES, ANN 115 PATTERSON DRIVE AUBURNDALE FL 33823 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRANDBERRY, BABE 5339 DORAL COURT LAKELAND FL 33801-0319 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE CIMUANTI, SALLY 1241 KEYSTONE COURT AUBURNDALE FL 33823 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JAMES, JANET 901 LIBERTY LANE AUBURNDALE FL 33823 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCNEILL, JEANNE 129 LAKEVIEW DRIVE AUBURNDALE FL 33823-2222 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWELL, TERRIE 1252 KEYSTONE COURT AUBURNDALE FL 33823-2069 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer (T) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Brandberry, Babe 5339 Doral Court Lakeland, FL 33801-0319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President-Elect <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Cinquanti, Sally 1241 Keystone Court Auburndale, FL 33823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Goodman, Dawn 1216 Keystone Court Auburndale, FL 33823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Corresponding Secretary <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Greulich, Margery 345 Bay Street Auburndale, FL 33823

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Ann James* **ANN JAMES** *January 29, 2005* **863-967-5829**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #