

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

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90074 045 ****61.25

DOCUMENT # 765128

1. Entity Name

GFWC AUBURNDALÉ WOMAN'S CLUB, INC.



Principal Place of Business

% ANN W JAMES
115 PATTERSON DRIVE
AUBURNDALÉ FL 33823

Mailing Address

% ANN W JAMES
115 PATTERSON DRIVE
AUBURNDALÉ FL 33823

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2517363

Applied For

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
AUBURNDALÉ 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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	P	<input type="checkbox"/> Delete
NAME	JAMES, ANN	
STREET ADDRESS	115 PATTERSON DRIVE	
CITY-ST-ZIP	AUBURNDALÉ FL 33823	

TITLE	T	<input type="checkbox"/> Delete
NAME	BRANDBERRY, BABE	
STREET ADDRESS	5339 DORAL COURT	
CITY-ST-ZIP	LAKELAND FL 33801-0319	

TITLE	PE	<input type="checkbox"/> Delete
NAME	CINQUANTI, SALLY	
STREET ADDRESS	1241 KEYSTONE COURT	
CITY-ST-ZIP	AUBURNDALÉ FL 33823	

TITLE	VP	<input type="checkbox"/> Delete
NAME	GOODMAN, DAWN	
STREET ADDRESS	1216 KEYSTONE COURT	
CITY-ST-ZIP	AUBURNDALÉ FL 33823	

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MCNEILL, JEANNE	
STREET ADDRESS	129 LAKEVIEW DRIVE	
CITY-ST-ZIP	AUBURNDALÉ FL 33823-2222	

TITLE	CS	<input checked="" type="checkbox"/> Delete
NAME	GREULICH, MARGERY	
STREET ADDRESS	345 BAY STREET	
CITY-ST-ZIP	AUBURNDALÉ FL 33823	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Secretary-Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ball, Paula	
STREET ADDRESS	4762 Crestwicke Drive	
CITY-ST-ZIP	Lakeland, FL 33801-0392	

TITLE	Director-corporate Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Getty, Marinel	
STREET ADDRESS	1814 Ariana Blvd.	
CITY-ST-ZIP	Auburndale, FL 33823-2004	

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:

Ann James Ann James

February 16, 2007

8639675829