

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765128

FILED
Apr 13, 2009
Secretary of State

Entity Name: GFWC AUBURNDALE WOMAN'S CLUB, INC.

Current Principal Place of Business:

% ANN W JAMES
115 PATTERSON DRIVE
AUBURNDALE, FL 33823

New Principal Place of Business:

Current Mailing Address:

% ANN W JAMES
115 PATTERSON DRIVE
AUBURNDALE, FL 33823

New Mailing Address:

FEI Number: 59-2517363 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAMES, ANN W
115 PATTERSON DRIVE
AUBURNDALE, FL 33823 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JAMES, ANN
Address: 115 PATTERSON DRIVE
City-St-Zip: AUBURNDALE, FL 33823

Title: T () Delete
Name: MILLER, SUSAN
Address: 105 COSTA LOOP
City-St-Zip: AUBURNDALE, FL 33823

Title: PE () Delete
Name: CINQUANTI, SALLY
Address: 1241 KEYSTONE COURT
City-St-Zip: AUBURNDALE, FL 33823

Title: VP () Delete
Name: GOODMAN, DAWN
Address: 1216 KEYSTONE COURT
City-St-Zip: AUBURNDALE, FL 33823

Title: SD () Delete
Name: BALL, PAULA
Address: 4762 CRESTWICKE DRIVE
City-St-Zip: LAKELAND, FL 338010392

Title: DCS () Delete
Name: GETTY, MARINEL
Address: 1814 ARIANA BLVD
City-St-Zip: AUBURNDALE, FL 338232004

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: SD (X) Change () Addition
Name: BOECKMAN, TEMPIE
Address: 145 AMBER BLVD.
City-St-Zip: AUBURNDALE, FL 33823

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

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: ANN W. JAMES

PD

04/13/2009

Electronic Signature of Signing Officer or Director

_____ Date