


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90136 003 \*\*\*\*61.25

**DOCUMENT # 765653**  
 1. Entity Name  
**GFWC PERRY WOMAN'S CLUB, INC.**



Principal Place of Business Mailing Address  
 502 N. JEFFERSON ST. P.O. BOX 711  
 P.O. BOX 711 PERRY FL 32348  
 PERRY FL 32347 US  
 US



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

1st MOORE CR2E037 (10/07)

City & State City & State

4. FEI Number **59-2346187** Applied For Not Applicable

Zip Country Zip Country

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

**6. Name and Address of Current Registered Agent**  
 BURNS, BARBARA JO  
 582 E ASH STREET  
 PERRY FL 32347

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

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	TD	<input type="checkbox"/> Delete
NAME	BURNS, BARBARA JO	
STREET ADDRESS	582 E ASH STREET	
CITY-ST-ZIP	PERRY FL 32347	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	WALBY, KAREN	
STREET ADDRESS	219 MAGNOLIA RD.	
CITY-ST-ZIP	PERRY FL 32348	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RAULERSON, JEANNE	
STREET ADDRESS	2675 BAXTER ROAD	
CITY-ST-ZIP	PERRY FL 32348	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BYERS, JUNE	
STREET ADDRESS	4259 HARRISON BLUE ROAD	
CITY-ST-ZIP	PERRY FL 32347	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LEPOMA, DORIS G	
STREET ADDRESS	3211 GOLF COURSE RD.	
CITY-ST-ZIP	PERRY FL 32348	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TURNMIRE, JESSICA	
STREET ADDRESS	2737 W. HWY 98	
CITY-ST-ZIP	PERRY FL 32348	

**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	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hill, Deborah	
STREET ADDRESS	3851 Cash Rd	
CITY-ST-ZIP	Perry Fl 32348	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Raulerson, Jeanne	
STREET ADDRESS	2675 Baxter Road	
CITY-ST-ZIP	Perry, Fl 32348	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joyal, Nancy	
STREET ADDRESS	3475 Quail St.	
CITY-ST-ZIP	Perry, FL 32348	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Turnmire, Jessica	
STREET ADDRESS	2737 W. Hwy 98	
CITY-ST-ZIP	Perry Fl 32348	

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: *Barbara Jo Burns* BARBARA JO BURNS 4/11/2008 850 584-8106