2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# 765653

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

Current Principal Place of Business:

502 N. JEFFERSON ST.
P.O. BOX 711
PERRY, FL 32347 US

New Principal Place of Business:

502 N. JEFFERSON ST.
PERRY, FL 32347 US

Current Mailing Address:

P.O. BOX 711
PERRY, FL 32348 US

New Mailing Address:

FEI Number: 59-2346187 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BURNS, BARBARA JO
582 E ASH STREET
PERRY, FL 32347 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:	TD	( ) Delete
Name:	BURNS, BARBARA JO	
Address:	582 E ASH STREET	
City-St-Zip:	PERRY, FL 32347	
Title:	SD	( ) Delete
Name:	HILL, DEBORAH	
Address:	3851 CASH RD	
City-St-Zip:	PERRY, FL 32348	
Title:	VD	( ) Delete
Name:	RAULERSON, JEANNE	
Address:	2675 BAXTER ROAD	
City-St-Zip:	PERRY, FL 32348	
Title:	VD	( ) Delete
Name:	BYERS, JUNE	
Address:	4259 HARRISON BLUE ROAD	
City-St-Zip:	PERRY, FL 32347	
Title:	SD	( ) Delete
Name:	JOYAL, NANCY	
Address:	3475 QUAIL ST	
City-St-Zip:	PERRY, FL 32348	
Title:	PD	( ) Delete
Name:	TURNMIRE, JESSICA	
Address:	2737 W. HWY 98	
City-St-Zip:	PERRY, FL 32348	

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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: BARBARA JO BURNS TD 04/15/2009
Electronic Signature of Signing Officer or Director — Date