## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## May 01, 2006 8:00 am Secretary of State **DOCUMENT #765899** 05-01-2006 90353 032 \*\*\*\*70.00 GFWC PLANTATION WOMAN'S CLUB, INC. Principal Place of Business Mailing Address P.O. BOX 16845 **DEICKE AUDITARIUM** PLANTATION, FL 33318-6845 US 5701 CYPRESS ROAD PLANTATION, FL 33317 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04272006 Cha-NP CR2E037 (4/06) City & State Applied For City & State 4. FEI Number 59-2502152 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COBB, BETTY 5681 SW 6TH STREET PLANTATION, FL 33317 Lantation Zip Code 333/7 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 the obligations of registered agent. 9. Election Campaign Financing Make check payable to \$5.00 May Be Filing Fee is \$61.25 Fiorida Department of State Trust Fund Contribution. Due by May 1, 2006 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Delete Change Addition TITLE TITLE SCHULER, SHIRLEY NAME NAME LOTAINE HURST 890 Renmar Drive Plantation FL 33317 8993 NW 53 COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SUNRISE, FL 33351 CITY-ST-ZIP TITLE COX, DOROTHY NAME NAME STREET ADDRESS 1021 MOCKINGBIRD LANE STREET ADDRESS PLANTATION, FL 333243410 CITY-ST-ZIP CITY-ST-ZIP 1VPD TITLE TITLE NAME VLAZNY, DARLENE NAME 1# COOK 1841 SW 17 Court Stantation, Ft, 333/7 Change STREET ADDRESS 680 SW 75 TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANTATION, FL 33317 ППЕ TITLE BOY BARBARA NAME NAME **641 NW 73 AVENUE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANTATION, FL 333171138 TITLE Delete Darlene VIZZNV COBB, BETTY NAME NAME STREET ADDRESS **5681 SW6 STREET** STREET ADDRESS PLANTATION, FL 33317 CITY-ST-ZIP CITY-ST-ZIP 50me TITLE Delete TITLE ☐ Change ☐ Addition KURTZ, ELKE NAME NAME 5700 SW 8 COURT STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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.

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PLANTATION, FL 33317

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pate 4-21-06

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