2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#765899

FILED Apr 18, 2007 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: DEICKE AUDITARIUM 5701 CYPRESS ROAD PLANTATION, FL 33317 US **New Mailing Address: Current Mailing Address:** P.O. BOX 16845 PLANTATION, FL 333186845 US FEI Number: 59-2502152 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VLAZNY, DARLENE 680 SW 75 TERR PLANTATION, FL 33312 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **FINS** () Delete (X) Change () Addition HURST, LAORAINE Name: HURST, LORAINE Name: 890 RENMAR DR Address: 890 RENMAR DR Address: City-St-Zip: PLANTATION, FL 33317 City-St-Zip: PLANTATION, FL 33317 Title: RS Title: () Change () Addition () Delete GUNN, PAT Name: Name: Address: 314 NW 69 AVE Address: City-St-Zip: PLANTATION, FL 33317 US City-St-Zip: Title: 1VPD Title: () Change () Addition () Delete COOK, PAT Name: Name: 5841 SW 17 COURT Address: Address: City-St-Zip: PLANTATION, FL 33317 City-St-Zip: Title: 2VP () Delete Title: () Change () Addition GRAVESON, BARBARA Name: Name: 5541 W BROWARD BLVD Address: Address: City-St-Zip: PLANTATION, FL 33317 City-St-Zip: Title: () Delete Title: () Change () Addition VLAZNY, DARLENE Name: Name: 5681 SW 6 ST Address: Address: City-St-Zip: PLANTATION, FL 33317 City-St-Zip: Title: () Delete Title: () Change () Addition KURTZ, ELKE Name: Name: Address: 5700 SW 8 COURT Address: PLANTATION, FL 33317 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ELKE M. KURTZ TD 04/18/2007