


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90144 009 ****61.25

DOCUMENT # 770073			
1. Entity Name GULF HARBORS WOMEN OF THE WOODLANDS, INC.			
Principal Place of Business 3936 MARINE PARKWAY NEW PORT RICHEY, FL 34652 US		Mailing Address 3936 MARINE PARKWAY NEW PORT RICHEY, FL 34652 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
STEINBACH, PATRICIA 3917 MARINE PKWY NEW PORT RICHEY, FL 34652		Name <i>Axtell, Joyce</i> Street Address (P.O. Box Number is Not Acceptable) <i>3974 Marine PKWY.</i> City <i>New Port Richey FL</i> Zip Code <i>34652</i>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEINBACH, PATRICIA 3917 MARINE PKWY NEW PORT RICHEY, FL 34652 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Axtell, Joyce</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>3974 Marine PKWY.</i> <i>N.P.R. FL 34652</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WALLER, MARY 5506 GRIDLEY LANE NEW PORT RICHEY, FL 34652 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Crawford, Andrea</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>5419 Dahlgren Dr.</i> <i>N.P.R. FL 34652</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DUVIN, VIRGINIA 5412 DAHLGREN DR. NEW PORT RICHEY, FL 34652 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Briley, Shirlee</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>4404 Marine PKWY.</i> <i>N.P.R. FL 34652</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BELLOISE, MARY BETH 4016 MARINE PKWY NEW PORT RICHEY, FL 34652 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Scott, Carol</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>4158 Marine PKWY.</i> <i>N.P.R. FL 34652</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing 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.			
SIGNATURE: <i>Joyce Axtell, Joyce</i>		<i>Axtell 3-31-06 (989) 430-9741</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

