


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90038 024 \*\*\*\*61.25

<b>DOCUMENT-# 770073</b> 1. Entity Name <b>GULF HARBORS WOMEN OF THE WOODLANDS, INC.</b>					
Principal Place of Business <b>3936 MARINE PARKWAY NEW PORT RICHEY FL 34652 US</b>			Mailing Address <b>3936 MARINE PARKWAY NEW PORT RICHEY FL 34652 US</b>		
2. Principal Place of Business - No P.O. Box #		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	
<b>AXTELL, JOYCE 3974 MARINE PKWY NEW PORT RICHEY FL 34652</b>				Name <b>Joyce Axtell</b> Street Address (P.O. Box Number is Not Acceptable) <b>Same</b> City <b>FL</b> 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 <b>Joyce A. Axtell, President</b> DATE <b>3-27-07</b> <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>AXTELL, JOYCE</b>		NAME		
STREET ADDRESS	<b>3974 MARINE PKWY</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>NEW PORT RICHEY FL 34652</b>		CITY - ST - ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CRAWFORD, ANDREA</b>		NAME	<b>Carol Scott</b>	
STREET ADDRESS	<b>5419 DAHLGREN DR</b>		STREET ADDRESS	<b>4158 Marine PKWY.</b>	
CITY - ST - ZIP	<b>NEW PORT RICHEY FL 34652</b>		CITY - ST - ZIP	<b>New Port Richey, FL 34652</b>	
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BRILEY, SHIRLEE</b>		NAME		
STREET ADDRESS	<b>4404 MARINE PKWY</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>NEW PORT RICHEY FL 34652</b>		CITY - ST - ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SCOTT, CAROL</b>		NAME	<b>3D Betty Mueller</b>	
STREET ADDRESS	<b>4158 MARINE PKWY</b>		STREET ADDRESS	<b>4120 Marine PKWY</b>	
CITY - ST - ZIP	<b>NEW PORT RICHEY FL 34652</b>		CITY - ST - ZIP	<b>New Port Richey, FL 34652</b>	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		

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: **Joyce A. Axtell, Joyce A. Axtell** 3-27-07 (727) 336-3607