

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770073

FILED  
Mar 02, 2009  
Secretary of State

Entity Name: GULF HARBORS WOMEN OF THE WOODLANDS, INC.

**Current Principal Place of Business:**

3936 MARINE PARKWAY  
NEW PORT RICHEY, FL 34652 US

**New Principal Place of Business:**

**Current Mailing Address:**

3936 MARINE PARKWAY  
NEW PORT RICHEY, FL 34652 US

**New Mailing Address:**

FEI Number: 59-1650329

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

AXTELL, JOYCE  
3974 MARINE PKWY  
NEW PORT RICHEY, FL 34652 US

**Name and Address of New Registered Agent:**

CHURBUCK, EARLINE  
5517 GRIDLEY LANE  
NEW PORT RICHEY, FL 34652 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: EARLINE CHURBUCK

03/02/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: AXTELL, JOYCE  
Address: 3974 MARINE PKWY  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: TD ( ) Delete  
Name: SCOTT, CAROL  
Address: 4158 MARINE PKWY  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: V ( ) Delete  
Name: BRILEY, SHIRLEE  
Address: 4404 MARINE PKWY  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: SD ( ) Delete  
Name: MUELLER, BETTY  
Address: 4120 MARINE PKWY  
City-St-Zip: NEW PORT RICHEY, FL 34652

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: CHURBUCK, EARLINE  
Address: 5517 GRIDLEY LANE  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: TD (X) Change ( ) Addition  
Name: SCOTT, CAROL N  
Address: 4158 MARINE PKWY  
City-St-Zip: NEW PORT RICHEY, FL 34652

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: EARLINE CHURBUCK

PD

03/02/2009

Electronic Signature of Signing Officer or Director

Date