

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90025 004 ****61.25

DOCUMENT # N00000000611					
1. Entity Name GFWC HARBORSRINGS WOMAN'S CLUB OF NORTH PINELLAS, INC.					
Principal Place of Business 3010 ENISGLEN DRIVE PALM HARBOR, FL 34683			Mailing Address P. O. BOX 1063 TARPON SPRINGS, FL 34688		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3621409	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WARMOUTH, RACHELLE 6 EAGLE LANE PALM HARBOR, FL 34683			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			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 _____ (NOTE: Registered Agent signature required when retesting)					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE PD	NAME SHERMAN, DEBBIE	<input checked="" type="checkbox"/> Delete		TITLE SD	NAME Diane Collins
STREET ADDRESS P.O. BOX 1177	CITY-ST-ZIP CRYSTAL BEACH, FL 34681	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		STREET ADDRESS 2956 Pinewood Run	CITY-ST-ZIP Palm Harbor, FL 34684
TITLE STD	NAME DAVIS, PAMELA	<input type="checkbox"/> Delete		TITLE TD	NAME Davis, Pamela
STREET ADDRESS 122 LAKESHORE DRIVE	CITY-ST-ZIP PALM HARBOR, FL 34684	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		STREET ADDRESS same	CITY-ST-ZIP
TITLE PED	NAME DEES, JAN	<input checked="" type="checkbox"/> Delete		TITLE VPD	NAME Julie Cossaboon
STREET ADDRESS 761 SOUNDVIEW DRIVE	CITY-ST-ZIP PALM HARBOR, FL 34683	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		STREET ADDRESS P.O. Box 994	CITY-ST-ZIP Crystal Beach, FL 34681
TITLE VPD	NAME SCANLON, PATRICIA	<input type="checkbox"/> Delete		TITLE PD	NAME SCANLON, PATRICIA
STREET ADDRESS 3010 ENISGLEN DRIVE	CITY-ST-ZIP PALM HARBOR, FL 34683	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		STREET ADDRESS same	CITY-ST-ZIP
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME	STREET ADDRESS CITY-ST-ZIP
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME	STREET ADDRESS CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:		2/9/04		727-997-7722	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	