

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000611

FILED
Apr 26, 2006
Secretary of State

Entity Name: GFWC HARBORSPRINGS WOMAN'S CLUB OF NORTH PINELLAS, INC.

Current Principal Place of Business:

3010 ENISGLEN DRIVE
PALM HARBOR, FL 34683

New Principal Place of Business:

156 CARLYLE DRIVE
PALM HARBOR, FL 34683

Current Mailing Address:

P. O. BOX 96
CRYSTAL BEACH, FL 34681

New Mailing Address:

FEI Number: 59-3621409

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARMOUTH, RACHELLE
6 EAGLE LANE
PALM HARBOR, FL 34683 US

Name and Address of New Registered Agent:

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:

Title: SD () Delete
Name: COLLINS, DIANE
Address: 2956 PINWOOD RUN
City-St-Zip: PALM HARBOR, FL 34684

Title: TD () Delete
Name: MELLO, MELISSA
Address: PO BOX 527
City-St-Zip: CRYSTAL BEACH, FL 34681

Title: VPD () Delete
Name: COSSABOON, JULIE
Address: P.O. BOX 994
City-St-Zip: CRYSTAL BEACH, FL 34681

Title: PD () Delete
Name: SCANLON, PATRICIA
Address: 3010 ENISGLEN DRIVE
City-St-Zip: PALM HARBOR, FL 34683

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: WILLIAMS, GAIL
Address: 156 CARLYLE DRIVE
City-St-Zip: PALM HARBOR, FL 34683

Title: VPD (X) Change () Addition
Name: KHAN BENS, ALLISON
Address: 640 EAST SPRUCE STREET
City-St-Zip: TARPON SPRINGS, FL 34689

Title: PD (X) Change () Addition
Name: COSSABOON, JULIE
Address: P.O. BOX 994
City-St-Zip: CRYSTAL BEACH, FL 34681

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: GAIL WILLIAMS

TD

04/26/2006

Electronic Signature of Signing Officer or Director

Date