


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90049 050 ****61.25

DOCUMENT # N00000000611	
1. Entity Name GFWC HARBORSRINGS WOMAN'S CLUB OF NORTH PINELLAS, INC.	

Principal Place of Business 156 CARLYLE DRIVE PALM HARBOR, FL 34683	Mailing Address P. O. BOX 96 CRYSTAL BEACH, FL 34681
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2. Principal Place of Business - No P.O. Box # 6 EAGLE LANE	3. Mailing Address SAME AS ABOVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Palm Harbor FL	City & State
Zip 34683	Country Pinellas

40073000



04112007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3621409	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WARMOUTH, RACHELLE 6 EAGLE LANE PALM HARBOR, FL 34683	
7. Name and Address of New Registered Agent	
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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, DIANE	NAME	
STREET ADDRESS	2956 PINWOOD RUN	STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR, FL 34684	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	TD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, GAIL	NAME	KAREN FOREIT
STREET ADDRESS	156 CARLYLE DRIVE	STREET ADDRESS	PO BOX 373
CITY-ST-ZIP	PALM HARBOR, FL 34683	CITY-ST-ZIP	CRYSTAL BEACH FL 34681
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KHAN BENS, ALLISON	NAME	
STREET ADDRESS	640 EAST SPRUCE STREET	STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSSABOON, JULIE	NAME	
STREET ADDRESS	P.O. BOX 994	STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL BEACH, FL 34681	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	
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 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:  **4-18-07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #