2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State
05-05-2008 90245 007 ****70.00

DOCUMENT # N00000000611

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

Principal Place of Business	Mailing Address
6 EAGLE LANE PALM HARBOR, FL 34683	P. O. BOX 96 CRYSTAL BEACH, FL 34681

04272008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
640 East Spruce St.	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc. as above
City & State: Tarpon Springs, FL	City & State
Zip: 34689 Country: United States	Zip Country

4. FEI Number: 59-3621409 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $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: Rita D. Iwanski Street Address (P.O. Box Number is Not Acceptable): 1326 New York Avenue Palm Harbor City: FL Zip Code: 34683

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: Rita D. Iwanski Rita D. Iwanski (treasurer) 4/25/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD COLLINS, DIANE 2956 PINEWOOD RUN PALM HARBOR, FL 34684	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Peggy Tan 12039 Yellow Finch Lane Trinity, FL 34655	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FOREIT, KAREN PO BOX 373 CRYSTAL BEACH, FL 34681	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Rita Iwanski 1326 new York Avenue Palm Harbor, FL 34683	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD KHAN BENS, ALLISON 640 EAST SPRUCE STREET TARPON SPRINGS, FL 34689	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Debra Hall 3060 Bolt Drive Palm Harbor, FL 34685	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD COSSABOON, JULIE P.O. BOX 994 CRYSTAL BEACH, FL 34681	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Allison Khan Bens 640 East Spruce Street Tarpon Springs, FL 34689	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Rita D. Iwanski Rita D. Iwanski 4/25/08 727-744-7917
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #