

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000611

FILED  
May 01, 2009  
Secretary of State

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

**Current Principal Place of Business:**

640 EAST SPRUCE STREET  
TARPON SPRINGS, FL 34689

**New Principal Place of Business:**

**Current Mailing Address:**

640 EAST SPRUCE STREET  
TARPON SPRINGS, FL 34689

**New Mailing Address:**

P.O.BOX 96  
CRYSTAL BEACH, FL 34681

**FEI Number:** 59-3621409      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

IWANSKI, RITA D  
1326 NEW YORK AVE.  
PALM HARBOR, FL 34683      US

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

KHAN-BENS, ALLISON E  
640 EAST SPRUCE STREET  
TARPON SPRINGS, FL 34689      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: ALLISON E.KHAN-BENS

05/01/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: SD      ( ) Delete  
Name: TAN, PEGGY  
Address: 12039 YELLOW FINCH LANE  
City-St-Zip: TRINITY, FL 34655

Title: TD      ( ) Delete  
Name: IWANSKI, RITA  
Address: 1326 NEW YORK AVE.  
City-St-Zip: PALM HARBOR, FL 34683

Title: VPD      ( ) Delete  
Name: HALL, DEBRA  
Address: 3060 BOLT DRIVE  
City-St-Zip: PALM HARBOR, FL 34685

Title: PD      ( ) Delete  
Name: KHANBENS, ALLISON  
Address: 640 EAST SPRUCES STREET  
City-St-Zip: TARPON SPRINGS, FL 34689

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

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

Title: TD      (X) Change ( ) Addition  
Name: PULLI, KIM  
Address: 1981 DOWNING PTRLACE  
City-St-Zip: PALM HARBOR, FL 34683

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: KIM PULLI

TREA

05/01/2009

Electronic Signature of Signing Officer or Director

Date