2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 28, 2007 08:00 A Secretary of State DOCUMENT # N00000004527 1. Entity Name GFWC WOMEN'S CLUB OF CRESTVIEW, INC. Mailing Address Principal Place of Business PO BOX 1783 150 WOODLAWN DR CRESTVIEW FL 32536 CRESTVIEW FL 32539 2. Principal Place of Business - No P.O Box # 3. Mailing Address Suito, Apt. #, etc. Suito, Apt. #, etc. 1st MOORE CR2E037 (10/06) Applied For 4. FEI Number City & State City & State NO-T APPLICABLE Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired, Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo GUTENMANN, JEANNE 103 FAIRWAY DRIVE Street Address (P.O. Box Number is Not Acceptable) CRESTVIEW FL 32536 Zip Code City 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 DATE Signature, typed or printed name of registered agont and little # applicable FILE NOW: FEE IS \$61.25 Make Check Payable to 9, Election Campaign Financing \$5.00 May Be Trüst Fund Contribution. Florida Department of State Due By May 1, 2007 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10, 11. ☐ Addition ☐ Change Delete mu ши NAME NAME **GUTENMANN, JEANNE** STREET ADDRESS STREET ADDRESS 103 FAIRWAY DRIVE CHY-ST-702 CRESTVIEW FL 32536 CITY-ST-ZIP ☐ Change Addition Delete 11111 IIILE D1VP U000000651420 NAME NAM MCLEOD, TERI STREET ADDRESS n3/09/07-80005-023 61.25 STRUCT ADDRESS 375 RIDGE LAKE RD CITY-ST-ZIP CHY-SI-7P CRESTVIEW FL 32536 Addition ☐ Change Delete HILL D2VP NAMI SCOTT, MARYROSE STREET ADDRESS STREET ADDRESS 6081 HWY 85 N CITY-ST-ZIP CHY-S1-7IP CRESTVIEW FL 32539 ☐ Change Addition Delete Titte TITLE NAMI NAME BYRD, ERNESTINE STREET ADDRESS STREET ADDRESS 3014 STILLWELL CHY-S1-7IP CHY-SI-/P CRESTVIEW FL 32539 ☐ Change ☐ Addition Delete шц DITTE DRS NAME SCHWARTZ, RAE NAME STRUET ADDRESS STREET ADDRESS 1408 GRANDVIEW DR CITY-ST-7IP CRESTVIEW FL 32539 CITY-S1-7IP ☐ Change ☐ Addition TITLE Delete 1000 DCS NAME NAME FOSTER, SYLVIA 2800 PINNACLE PT DR STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-7IP CRESTVIEW FL 32539

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12. I heroby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal 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:

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Tenance Cuttern mann February 13, 2001, 850, 683-