


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N03000007979</b>			
1. Entity Name GFWC WOMAN'S CLUB OF THE NORTHERN PALM BEACHES, INC.			
Principal Place of Business 11380 PROSPERITY FARMS ROAD SUITE 201 PALM BEACH GARDENS, FL 33410		Mailing Address 11380 PROSPERITY FARMS ROAD SUITE 201 PALM BEACH GARDENS, FL 33410	
<b>DO NOT WRITE IN THIS SPACE</b>			
		04292005 No Chg-NP CR2E037 (10/03)	
		4. FEI Number 86-1083053	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			
HARRIS, GEORGE E 11380 PROSPERITY FARMS ROAD SUITE 201 PALM BEACH GARDENS, FL 33410		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		DATE 05/03/05-80148-017 61.25	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FOSTER, CAROLYN 2323 23RD LANE PALM BEACH GARDENS, FL 33418		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SICHEL, JANET 3900 COUNTY LINE ROAD #4A TEQUESTA, FL 33469		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KEY, PAT 3636 BETTY ANN COURT LAKE PARK, FL 33403		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GILLESPIE, JEANNE 1839 CRAFTON ROAD NORTH PALM BEACH, FL 33408		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Carolyn Foster, President</i> CAROLYN FOSTER, President		DATE: 4/29/05 (561) 622-2460 Daytime Phone #	