

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90150 045 ****61.25

DOCUMENT # N03000007979



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**

50012180



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042006

Chg-NP

CR2E037 (11/05)

4. FEI Number
86-1083053

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

**HARRIS, GEORGE E
11380 PROSPERITY FARMS ROAD
SUITE 201
PALM BEACH GARDENS, FL 33410**

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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 **PD** ☐ Delete
NAME **FOSTER, CAROLYN**
STREET ADDRESS **2323 23RD LANE**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

TITLE **PRESIDENT** ☐ Change ☒ Addition
NAME **PENELOPE FOSTER PORTUGUEZ**
STREET ADDRESS **2323 23RD LANE**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

TITLE **VD** ☐ Delete
NAME **SICHEL, JANET**
STREET ADDRESS **3900 COUNTY LINE ROAD #4A**
CITY-ST-ZIP **TEQUESTA, FL 33469**

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
NAME **CAROLYN FOSTER**
STREET ADDRESS **2323 23RD LANE**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

TITLE **TD** ☐ Delete
NAME **KEY, PAT**
STREET ADDRESS **3636 BETTY ANN COURT**
CITY-ST-ZIP **LAKE PARK, FL 33403**

TITLE **SECRETARY** ☐ Change ☒ Addition
NAME **LIZ DEDICK**
STREET ADDRESS **11811 AVE. OF AGA, #102**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

TITLE **V** ☒ Delete
NAME **GILLESPIE, JEANNE**
STREET ADDRESS **1839 CRAFTON ROAD**
CITY-ST-ZIP **NORTH PALM BEACH, FL 33408**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Carolyn Foster, Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/06 (561) 622-7756