

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001239

FILED  
Apr 28, 2010  
Secretary of State

**Entity Name:** GFWC VALRICO SERVICE LEAGUE, INC.

**Current Principal Place of Business:**

2605 HERNDON STREET  
VALRICO, FL 33596

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1017  
VALRICO, FL 33595

**New Mailing Address:**

**FEI Number:** 80-0555401

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BORAIKO, KAREN J  
2605 HERNDON STREET  
VALRICO, FL 33596 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: THOMPSON, JANET  
Address: 3001 RIDGEVALE CIRCLE  
City-St-Zip: VALRICO, FL 33596

Title: VP  
Name: TOEBES, CAROLYN  
Address: 5312 CEDARSHAKE LANE  
City-St-Zip: VALRICO, FL 33596

Title: VP  
Name: CARTER, KAREN  
Address: 2103 COLEWOOD LANE  
City-St-Zip: DOVER, FL 33527

Title: VP  
Name: BORAIKO, KAREN  
Address: 2605 HERNDON STREET  
City-St-Zip: VALRICO, FL 33596

Title: S  
Name: GRAYMES, JEANNE  
Address: 2617 CRESTFIELD DRIVE  
City-St-Zip: VALRICO, FL 33596

Title: T  
Name: HIGHSMITH, SHARON  
Address: 1265 LORNEWOOD DRIVE  
City-St-Zip: VALRICO, FL 33596

I hereby 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 all other like empowered.

SIGNATURE: SHARON HIGHSMITH

T

04/28/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date