


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2007 8:00 am**  
**Secretary of State**

04-05-2007 90140 025 \*\*\*\*61.25

<b>DOCUMENT # N04000007096</b> 1. Entity Name <b>GFWC CLAY COUNTY WOMEN FOR EDUCATION, INC.</b>					
Principal Place of Business 1000 ST. JOHNS AVENUE GREEN COVE SPRINGS, FL 32043			Mailing Address 1000 ST. JOHNS AVENUE GREEN COVE SPRINGS, FL 32043		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02132007 Chg-NP CR2E037 (12/06)	
4. FEI Number <b>32-0102609</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MAIDEL, PATTI</b> <b>1815 WOOD FERN COURT</b> <b>ORANGE PARK, FL 32003</b>			7. Name and Address of New Registered Agent Name <b>Helen MUSIELAK</b> Street Address (P.O. Box Number is Not Acceptable) <b>1539 LEESTAN CRT</b> City <b>ORANGE PARK</b> FL Zip Code <b>32073</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 <u>Helen M Musielak</u> <span style="float: right;">04-02-2007</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE: PD NAME: IRVIN, FAYE STREET ADDRESS: 947 CREIGHTON RD CITY-ST-ZIP: ORANGE PARK, FL 32003	<input checked="" type="checkbox"/> Delete		TITLE: PD NAME: Heintzinger, Dorothy STREET ADDRESS: 1972 Greenapple Court CITY-ST-ZIP: Orange Park, Fl 32073	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: VD NAME: HYDE, EVELYN STREET ADDRESS: 2417 LAKEVIEW DR CITY-ST-ZIP: ORANGE PARK, FL 32073	<input checked="" type="checkbox"/> Delete		TITLE: VD NAME: Hogan, Carol STREET ADDRESS: 709 W. Fred Place CITY-ST-ZIP: Orange Park Fl 32073	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: SD NAME: HEINTZINGER, DOROTHY STREET ADDRESS: 1972 GREENAPPLE COURT CITY-ST-ZIP: ORANGE PARK, FL 32073	<input type="checkbox"/> Delete		TITLE: SD NAME: FREEMAN, Clara STREET ADDRESS: 1000 St. Johns Ave CITY-ST-ZIP: Green Cove Springs Fl 32043	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: TD NAME: MAIDEL, PATTI STREET ADDRESS: 1815 WOOD FERN COURT CITY-ST-ZIP: ORANGE PARK, FL 32003	<input checked="" type="checkbox"/> Delete		TITLE: TD NAME: Helen MUSIELAK STREET ADDRESS: 1539 LEESTAN Ct CITY-ST-ZIP: ORANGE PARK, Fl 32073	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <u>Helen M Musielak</u> <span style="float: right;">April 2, 2007 904-269-2085</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					