## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-05-2007 90140 025 \*\*\*\*61 25

DOCUMENT # N0400007096  1. Entity Name GFWC CLAY COUNTY WOMEN FOR EDUCATION, INC.								04-05-20	07 90140	025	61.25	
Principal Place of Business Mailing Address 1000 ST. JOHNS AVENUE 1000 ST. JOHNS AVENUE GREEN COVE SPRINGS, FL 32043 GREEN COVE SPRINGS, FL 320					143		400	50976				
2. Principal P	lace of Busin	ness - No P.O. Box #	3. Mailing A	Address		<u> </u>						
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Sulte, Apt. #, etc.			Suite, Apt. #, etc.				02132007	Chg-NP	CR2E0	37 (12/06)		
City & State			City & State				4. FEI Numbe 32-0102				plied For t Applicable	
Zip Country		Zip		Cou	ntry		5. Certificate	of Status Desired		\$8.75 Add		
	6. Name	and Address of Current	Registered Ag	ent				7. Name and	Address of New	Registered		
MAIDEL E	ΣΑΤΤΙ					Name /	le le	EN MI	USIEL	AK		
MAIDEL, PATTI 1815 WOOD FERN COURT						Street Address (P.O. Box Number is Not Acceptable)						
ORANGE PARK, FL 32003				1539			39	Lee	STAN	CRT		
<b>₩</b>				CPORAN			AN	ge PAK	2 K	FL	Zip Cod	073
	named entit	y submits this statement fo	or the purpose of	of changing its	registere				h, in the State of f	Florida, I am	lamiliar with,	and accept
	2/	la m	usel	·Osl.					01	4-1-	7-20	207
SIGNATURE	Sinnahire ivned	or printed name of registered agent										<del></del>
	ong. ratar of type o	o pinted name or register et aport	ана ше к арджаше	. (NO1E	: Registered	d Agent signatur	benuper ex	when reinstating)		DATE		
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Interest of this report or supplied with this little 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:

SIGNATURE AND TYPED OR PROVIDENDAME OF SIGNING OFFICER OR DIRECTOR

April 2, 2007 9

904-269-2085