

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007096

FILED
Mar 31, 2009
Secretary of State

Entity Name: GFWC CLAY COUNTY WOMEN FOR EDUCATION, INC.

Current Principal Place of Business:

1000 ST. JOHNS AVENUE
GREEN COVE SPRINGS, FL 32043

New Principal Place of Business:

Current Mailing Address:

1000 ST. JOHNS AVENUE
GREEN COVE SPRINGS, FL 32043

New Mailing Address:

FEI Number: 32-0102609

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUSIELAK, HELEN
1539 LEESTAN CRT.
ORANGE PARK, FL 32073 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: VD () Delete
Name: HOGAN, CAROL
Address: 708 WINFRED PLACE
City-St-Zip: ORANGE PARK, FL 32073

Title: SD () Delete
Name: FREEMAN, CLARA
Address: 1000 ST JOHNS AVE.
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: PD () Delete
Name: HEINTZINGER, DOROTHY
Address: 1972 GREENAPPLE COURT
City-St-Zip: ORANGE PARK, FL 32073

Title: TD () Delete
Name: MUSIELAK, HELEN
Address: 1539 LEESTAN CT
City-St-Zip: ORANGE PARK, FL 32073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: HELENMUSIELAK

TRES

03/31/2009

Electronic Signature of Signing Officer or Director

Date