

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007096

FILED
Feb 27, 2011
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:

PLANTE, BARBARA
4892 BOZA CT.
FLEMING ISLAND, FL 32003 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
Name: MCCONNELL, CAROL
Address: 2118 KEATON CHASE DR
City-St-Zip: FLEMING ISLAND, FL 32003

Title: SD
Name: RICCIARDI, DONNA
Address: 1545 BAYSIDE LANE
City-St-Zip: FLEMING ISLAND, FL 32003

Title: PD
Name: HOGAN, CAROL
Address: 708 WINFRED PLACE
City-St-Zip: ORANGE PARK, FL 32073

Title: TD
Name: PLANTE, BARBARA
Address: 4892 BOZA CT.
City-St-Zip: FLEMING ISLAND, FL 32003

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Title: TD
Name: PLANTE, BARBARA
Address: 4892 BOZA CT.
City-St-Zip: FLEMING ISLAND, FL 32003

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: BARBARA PLANTE

TRES

02/27/2011

Electronic Signature of Signing Officer or Director

Date