


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 19, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N05000006940</b> 1. Entity Name GFWC VIERA WOMAN'S CLUB, INC.	
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Principal Place of Business P.O. BOX 560693 ROCKLEDGE, FL 32956-0693	Mailing Address P.O. BOX 560693 ROCKLEDGE, FL 32956-0693
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DO NOT WRITE IN THIS SPACE

01112007 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For 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**

JANOS, BARBARA  
 2251 BRIGHTWOOD CIR.  
 VIERA, FL 32955

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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**10. OFFICERS AND DIRECTORS**

TITLE	1V
NAME	WARREN, CAMILLE D
STREET ADDRESS	1680 TIMACUAN DR
CITY-ST-ZIP	VIERA, FL 32940633

U000000593216  
01/22/07-80023-018 61.25

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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.

**SIGNATURE:** Camille D. Warren (Camille D. Warren) 1/15/07 321-757-3520

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #