2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# N07000002936

Entity Name: GFWC WEWAHITCHKA WOMAN'S CLUB, INC.

Current Principal Place of Business:

631 CHIPOLA AVE.
WEWAHITCHKA, FL 32465

New Principal Place of Business:

Current Mailing Address:

631 CHIPOLA AVE.
WEWAHITCHKA, FL 32465

New Mailing Address:

P O BOX 94
WEWAHITCHKA, FL 32465 US

FEI Number: 59-2702045 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GROOM, PAUL W II
125 N. HWY 71
WEWAHITCHKA, FL 32465 US

Name and Address of New Registered Agent:

GROOM, PAUL W II
116 SAILOR'S COVE DRIVE
PORT ST JOE, FL 32456 US

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: _____ 04/29/2008
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GASKIN, SHARON
Address: 236 OLD PANAMA CITY HWY.
City-St-Zip: WEWAHITCHKA, FL 32465

Title: D ( ) Delete
Name: FELTROP, ROSA
Address: 631 CHIPOLA AVE.
City-St-Zip: WEWAHITCHKA, FL 32465

Title: D ( ) Delete
Name: FLOYD, RAE ELLEN
Address: P. O. BOX 1404
City-St-Zip: WEWAHITCHKA, FL 32465

Title: D ( ) Delete
Name: PITTS, SHAWN
Address: 3350 SW KELLY CAPPS RD.
City-St-Zip: KINARD, FL 32449

Title: D ( ) Delete
Name: VILLASENOR, CAROLINE
Address: BOX 144 FIVE ACRE FARMS, 620 MYERS RD.
City-St-Zip: WEWAHITCHKA, FL 32456

Title: D ( ) Delete
Name: VLAHOS, CAROL
Address: 260 BIRD AVE.
City-St-Zip: WEWAHITCHKA, FL 32456

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:

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: SHAWN B PITTS D 04/29/2008
Electronic Signature of Signing Officer or Director — Date