2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18250

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

2910 PONCE CT.

DT

HOLIDAY, FL 34691

PATRICIA, JOWE H

954 POINT SEASIDE DR.

CRYSTAL BEACH, FL 34681

() Delete

Apr 28, 2009 Secretary of State

Entity Name: G.F.W.C. PALM HARBOR JUNIOR WOMAN'S CLUB, INC.

Current Principal Place of Business: New Principal Place of Business: P O BOX 290 1320 NEBRASKA AVE PALM HARBOR, FL 346820290 PALM HARBOR, FL 34683 **Current Mailing Address: New Mailing Address:** P O BOX 290 PALM HARBOR, FL 346820290 FEI Number: 59-2292228 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BRANDT, MARK W ESQ 595 MAIN STREET DUNEDIN, FL 33528 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition AMANDA, SKLAR Name: Name: 1320 NEBRASKA AVENUE Address: Address: City-St-Zip: PALM HARBOR, FL 34683 City-St-Zip: Title: VD () Delete Title: VD (X) Change () Addition Name: MONTEMARANO, LINDA Name: GARAVUSO, BARBARA Address: 719 BONNIE BLVD. Address: 2910 PONCE CT. City-St-Zip: PALM HARBOR, FL 34684 City-St-Zip: HOLIDAY, FL 34691 Title: () Delete Title: SD (X) Change () Addition GARAVUSO, BARBARA ZUBKOW, HELENA

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.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

2718 4TH COURT

PATRICIA, JOWETT

DT

PALM HARBOR, FL 34684

CRYSTAL BEACH, FL 34681

(X) Change () Addition

954 POINT SEASIDE DR./PO BOX 921

SIGNATURE: PATRICIA I. JOWETT DT 04/28/2009