2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State
03-03-2008 90193 019 ****61.25

DOCUMENT # N21204

1. Entity Name
GFWC LAKE PLACID WOMAN'S CLUB, INC.

Principal Place of Business	Mailing Address
10 N MAIN AVE LAKE PLACID, FL 33852 US	GFWC LAKE PLACID WOMAN'S CLUB PO BOX 1636 LAKE PLACID, FL 33862 US

01282008 Chg-NP CR2E037 (12/08)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1947617 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MEIER, VONCIEL T 252 LAKE JUNE RD LAKE PLACID, FL 33852	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HEALEY, KATHLEEN 1803 THIRD STREET LAKE PLACID, FL 338525719	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Adelmann, Elaine 2600 OAK Beach Blvd Sebring, Fl. 33876	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ADELMANN, ELAINE 2600 OAK BEACH BLVD SEBRING, FL 338758217	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Johnson, Jeanne 114 Serena DR. Lake Placid, Fl. 33852	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GOODWIN, KAREN 8977 LAKE LYNN DRIVE SEBRING, FL 338768507	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Arch, Sandy 8840 Placid Lakes Blvd Lake Placid, Fl. 33852	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARCOTTE, DOLORES 220 ANNA MARIA WAY NE LAKE PLACID, FL 338523504	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Meier, Vonciel 252 Lake June Rd Lake Placid, Fl. 33852	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, PENNIE 100 LAGROW RD. LAKE PLACID, FL 33852	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Grant, Vicci 137 Rosewood Dr. No Lake Placid, Fl. 33852	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DUNN, JOAN 36 QUAIL RUN LANE LAKE PLACID, FL 338527612	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Marcotte, Dolores 220 Anna Maria Way NE Lake Placid, Fl. 33852	☐ Change ☐ Addition

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: Vonciel T. Meier - Vonciel T. Meier - 2/22/08 863-465-5686
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ck # 4530