2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N23668

1. Entity Name
GFWC ST. PETERSBURG WOMAN'S CLUB, INC.

Principal Place of Business	Mailing Address
40 SNELL ISLE BLVD N.E. ST. PETERSBURG, FL 33704 US	40 SNELL ISLE BLVD N.E. ST. PETERSBURG, FL 33704 US

DO NOT WRITE IN THIS SPACE

01102006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-0582246
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STERN, REBECCA A
40 SNELL ISLE BLVD. NE
SAINT PETERSBURG, FL 33704

DO NOT WRITE IN THIS SPACE

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (REQUIRED: Registered Agent Signature required when no seal)

Filing Fee is $61.25
Due by May 1, 2006

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

10.	OFFICERS AND DIRECTORS
TITLE	PD
NAME	STERN, REBECCA A
STREET ADDRESS	40 SNELL ISLE BLVD NE
CITY-ST-ZIP	SAINT PETERSBURG, FL 33704
TITLE	PED
NAME	MESERVE, JUDITH
STREET ADDRESS	40 SNELL ISLE BLVD NE
CITY-ST-ZIP	SAINT PETERSBURG, FL 33704
TITLE	1VD
NAME	STEWART, REBECCA
STREET ADDRESS	40 SNELL ISLE BLVD NE
CITY-ST-ZIP	SAINT PETERSBURG, FL 33704
TITLE	SD
NAME	NAHON, BEVERLY
STREET ADDRESS	40 SNELL ISLE BLVD NE
CITY-ST-ZIP	SAINT PETERSBURG, FL 33704
TITLE	TD
NAME	SWAN, PATRICIA
STREET ADDRESS	40 SNELL ISLE BLVD NE
CITY-ST-ZIP	SAINT PETERSBURG, FL 33704
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000440083
03/02/06-80026-024 61.25

DO NOT WRITE IN THIS SPACE

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: Rebecca A Kay Stern 2/10/06 (727) 895-3131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #