2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005
Secretary of State

DOCUMENT# N24740

Entity Name: GFWC WOMAN'S CLUB OF HOMESTEAD, FLORIDA, INC.

Current Principal Place of Business:

17905 SW 292 ST
HOMESTEAD, FL 33030 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 900053
HOMESTEAD, FL 33090053 US

New Mailing Address:

FEI Number: 59-6145856 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOSNER, STEVEN D
65 NW 16 STR
HOMESTEAD, FL 33030 US

Name and Address of New Registered Agent:

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:

Title: P ( ) Delete
Name: NELSON, DIANA
Address: 1604 NW 20 ST.
City-St-Zip: HOMESTEAD, FL 33030

Title: VP ( ) Delete
Name: LOSNER, LORI
Address: 72 NW 20 ST.
City-St-Zip: HOMESTEAD, FL 33030

Title: S ( ) Delete
Name: WOOD, LINDA
Address: 16240 SW 284 ST.
City-St-Zip: HOMESTEAD, FL 33030

Title: S ( ) Delete
Name: JENSEN, MEDA
Address: 19640 SW 295 TERRACE
City-St-Zip: HOMESTEAD, FL 33030

Title: 2VP ( ) Delete
Name: GULIFOYLE, EVELYN
Address: 630 SW 28 LANE
City-St-Zip: HOMESTEAD, FL 33033

Title: T ( ) Delete
Name: ANDERSON, CONNIE
Address: 445 SE 26 DR.
City-St-Zip: HOMESTEAD, FL 33033

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: LOSNER, LORI
Address: 72 NW 20TH ST
City-St-Zip: HOMESTEAD, FL 33030

Title: VP (X) Change ( ) Addition
Name: PERRY, RUTH
Address: 28201 SW 195 AVE
City-St-Zip: HOMESTEAD, FL 33030

Title: S (X) Change ( ) Addition
Name: MALONE, JANICE
Address: 15045 SW 297 TERRACE
City-St-Zip: HOMESTEAD, FL 33033

Title: S (X) Change ( ) Addition
Name: GLISSON, JILL
Address: 15245 GRANT LANE
City-St-Zip: HOMESTEAD, FL 33033

Title: 2VP (X) Change ( ) Addition
Name: LAWLER, GLORIA
Address: 17901 SW 288 ST
City-St-Zip: HOMESTEAD, FL 33030

Title: T (X) Change ( ) Addition
Name: LOSNER, DOYLE
Address: 20251 SW 272 ST
City-St-Zip: HOMESTEAD, FL 33031

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MEDA A. JENSEN AT 04/19/2005

Electronic Signature of Signing Officer or Director — Date