

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # N24740

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



Principal Place of Business
**17905 SW 292 ST
HOMESTEAD, FL 33030 US**

Mailing Address
**P O BOX 900053
HOMESTEAD, FL 33090-053 US**



01192006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-6145856

Applied For
Not Applicable

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

8. Name and Address of Current Registered Agent

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

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE _____

**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 P
NAME LOSNER, LORI
STREET ADDRESS 72 NW 20TH ST
CITY-ST-ZIP HOMESTEAD, FL 33030

TITLE VP
NAME PERRY, RUTH
STREET ADDRESS 28201 SW 185 AVE
CITY-ST-ZIP HOMESTEAD, FL 33030

TITLE S
NAME MALONE, JANICE
STREET ADDRESS 15045 SW 297 TERRACE
CITY-ST-ZIP HOMESTEAD, FL 33033

TITLE S
NAME GLISSON, JILL
STREET ADDRESS 15245 GRANT LANE
CITY-ST-ZIP HOMESTEAD, FL 33033

TITLE 2VP
NAME LAWLER, GLORIA
STREET ADDRESS 17901 SW 286 ST
CITY-ST-ZIP HOMESTEAD, FL 33030

TITLE T
NAME LOSNER, DOYLE
STREET ADDRESS 20251 SW 272 ST
CITY-ST-ZIP HOMESTEAD, FL 33031

U00000434702
02/25/06-80012-011 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: *Doyline Losner, Treasurer*

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

1-19-06

Date

305-247-8102

Daytime Phone #