

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90044 028 ****61.25

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

60006897



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

01212007 Chg-NP

CR2E037 (12/06)

4. FEI Number
59-6145856

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 reconstituting)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

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

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

TITLE VP ☒ Delete
NAME PERRY, RUTH
STREET ADDRESS 28201 SW 195 AVE
CITY-ST-ZIP HOMESTEAD, FL 33030

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

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

TITLE 2VP ☒ Delete
NAME LAWLER, GLORIA
STREET ADDRESS 17901 SW 288 ST
CITY-ST-ZIP HOMESTEAD, FL 33030

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V.P. ☒ Change ☐ Addition
NAME Jan Malone
STREET ADDRESS 15045 SW 297 Terrace
CITY-ST-ZIP Homestead, FL 33033

TITLE S ☐ Change ☒ Addition
NAME Maggie Bates
STREET ADDRESS 28521 SW 147 CT
CITY-ST-ZIP Homestead, FL 33033-1509

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE 2VP ☐ Change ☒ Addition
NAME Meda Jensen
STREET ADDRESS 18640 SW 295 Terrace
CITY-ST-ZIP Homestead, FL 33030-2436

TITLE ☒ Change ☐ Addition
NAME Losner, Doyle
STREET ADDRESS
CITY-ST-ZIP

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: *Doyle W Losner, Treasurer Doyle W Losner*

1-21-07

305-547-8102

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #