

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24740

FILED
Feb 10, 2009
Secretary of State

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: GUILFOYLE, EVELYN
Address: 3075 SE 7TH PLACE
City-St-Zip: HOMESTEAD, FL 33033

Title: VP () Delete
Name: MEDA, JENSEN
Address: 18640 SW 295 TERRACE
City-St-Zip: HOMESTEAD, FL 33030

Title: VP () Delete
Name: LAWLER, GLORIA
Address: 730 SE 28 LN
City-St-Zip: HOMESTEAD, FL 33033

Title: S () Delete
Name: GLISSON, JILL
Address: 33450 SW 210 AVE
City-St-Zip: HOMESTEAD, FL 33034

Title: S () Delete
Name: JACKSON, MARLENE
Address: 542 SE 21 DR.
City-St-Zip: HOMESTEAD, FL 33033

Title: T () Delete
Name: LOSNER, DOYLENE
Address: 20251 SW 272 ST
City-St-Zip: HOMESTEAD, FL 33031

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: JACKSON, MARLENE
Address: 542 SE 21 DR.
City-St-Zip: HOMESTEAD, FL 33033

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DOYLENE LOSNER

T

02/10/2009

Electronic Signature of Signing Officer or Director

Date