

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25418

FILED  
Jan 28, 2009  
Secretary of State

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

## Current Principal Place of Business:

1005 SE 9TH AVE  
OCALA, FL 34471 US

## New Principal Place of Business:

1919 SE 7 STREET  
OCALA, FL 34471 US

## Current Mailing Address:

P.O. BOX 4444  
OCALA, FL 34478 US

## New Mailing Address:

FEI Number: 59-6179195      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROSS, MARY  
1005 SE 9TH AVE.  
OCALA, FL 34471 US

## Name and Address of New Registered Agent:

ANNE A. BERMAN  
1919 SE 7 STREET  
OCALA, FL 34471 US

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: ANNE A. BERMAN

01/28/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: ROSS, MARY  
Address: 1005 SE 9TH AVE.  
City-St-Zip: OCALA, FL 34471

Title: VP ( ) Delete  
Name: TODD, MARY LOU  
Address: 4514 SE 5TH PLACE  
City-St-Zip: OCALA, FL 34471

Title: S ( ) Delete  
Name: KOLONIA, FRAN  
Address: 1760 NW 114TH LOOP  
City-St-Zip: OCALA, FL 34475

Title: T (X) Delete  
Name: REYNOLDS, SHANNON  
Address: 4430 SE 47TH PLACE  
City-St-Zip: OCALA, FL 34480

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: TODD, MARY LOU  
Address: 5414 SE 5 STREET  
City-St-Zip: OCALA, FL 34471

Title: VP (X) Change ( ) Addition  
Name: LAROSA, CINDY  
Address: 10795 SW 53 CIRCLE  
City-St-Zip: OCALA, FL 34476

Title: S/T (X) Change ( ) Addition  
Name: BERMAN, ANNE A  
Address: 1919 SE 7 STREET  
City-St-Zip: OCALA, FL 34471

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: ANNE A. BERMAN

S/T

01/28/2009

Electronic Signature of Signing Officer or Director

Date