


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90145 006 ****70.00

DOCUMENT # N32516

1. Entity Name
GFWC WOMAN'S CLUB OF INVERNESS, FL., INC.



Principal Place of Business
**1715 FOREST DRIVE
 INVERNESS, FL 34451-1916 US**

Mailing Address
**P O BOX 1916
 INVERNESS, FL 34451-1916 US**



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

02022006 Chg-NP CR2E037 (11/05)

6. Name and Address of Current Registered Agent
**MARTIN, MILDRED B
 1250 E WHIRL AWAY CIRCLE
 INVERNESS, FL 34453**

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: Mildred B. Martin, Treasurer DATE: 4/10/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006

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	VD	<input checked="" type="checkbox"/> Delete
NAME	VERNINA, GARY	
STREET ADDRESS	211 E ROCKEFELLER LN	
CITY-ST-ZIP	HERNANDO, FL 34442	
TITLE	PD	<input type="checkbox"/> Delete
NAME	TRAWICK, BUNNY	
STREET ADDRESS	10141 E BASS CIRCLE, PO BOX 1463	
CITY-ST-ZIP	INVERNESS, FL 34451	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MARTIN, MILDRED B	
STREET ADDRESS	1250 E WHIRL AWAY CIRCLE	
CITY-ST-ZIP	INVERNESS, FL 34453	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	STURTEVANT, GAIL	
STREET ADDRESS	3001 S DAVIS LAKE DR	
CITY-ST-ZIP	INVERNESS, FL 34450	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	COWLES, LENORA	
STREET ADDRESS	8442 E. GOSPEL ISLAND RD	
CITY-ST-ZIP	INVERNESS, FL 34450	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HENDERSON, MAXINE	
STREET ADDRESS	8074 N HOWARD HUGHES WAY	
CITY-ST-ZIP	HERNANDO, FL 34442	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sandra Koonce	
STREET ADDRESS	9425 E. Southgate Drive	
CITY-ST-ZIP	Inverness FL 34450	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NANCY PEKINS	
STREET ADDRESS	3425 S Crossbill Loop	
CITY-ST-ZIP	Inverness FL 34450	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Christine Chappell	
STREET ADDRESS	3499 E Chappell Court	
CITY-ST-ZIP	Hernando FL 34442	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Margaret Kapphahn	
STREET ADDRESS	P.O. Box 341	
CITY-ST-ZIP	Floral City, FL 34436	

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: Mildred B. Martin Mildred B. MARTIN DATE: 4/10/06 DAYTIME PHONE #: 352-637-6037
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR