


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90057 016 ****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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
03292007		Chg-NP CR2E037 (12/06)	
4. FEI Number 59-2031007 41-2212486		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MARTIN, MILDRED B 1250 E WHIRL AWAY CIRCLE INVERNESS, FL 34453		Name <u>Susan Anot</u> Street Address (P.O. Box Number is Not Acceptable) <u>534 W. Doerr Path</u> City <u>Hernando</u> FL Zip Code <u>34442</u>	
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 <u>Susan Anot, Treasurer</u>		DATE <u>4/5/07</u>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KOONCE, SANDRA 9425 E SOUTHGATE DR INVERNESS, FL 34450 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Koonce, Sandra 9425 E. Southgate Dr. Inverness, FL 34450 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TRAWICK, BUNNY 10141 E BASS CIRCLE, PO BOX 1463 INVERNESS, FL 34451 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Allen, Anetta Sue 1549 E. Seattle Slaw Circle Inverness, FL 34453 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARTIN, MILDRED B 1250 E WHIRL AWAY CIRCLE INVERNESS, FL 34453 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Murray, Anna 1231 E. Whirl Gway Circle Inverness, FL 34453 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PEKINS, NANCY 3425 S CROSSBILL LOOP INVERNESS, FL 34450 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Anot, Susan 534 W. Doerr Path Hernando FL 34442 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHAPPELL, CHRYSTINE 3499 E CHAPPELL COURT HERNANDO, FL 34442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Henderson, Maxine 8074 N. Howard Hughes Way Hernando, FL 34442 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KAPPHGAHN, MARGARET P.O. BOX 341 FLORAL CITY, FL 34436 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Blak, Beverly 8209 E. Sand Piper Drive Inverness, FL 34450 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 <u>Susan Anot</u>		Date <u>4/5/07</u> 352-746-2889	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	